Little Traverse Bay Bands of Odawa Indians
Enjiboozbiigeng
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
231-242-1520 • 231-242-1521 • 231-242-1522

ADDRESS VERIFICATION FORM
LEGALLY INCOMPETENT ADULT

Print

- Legal Guardian must complete this original form **AND** have it **notarized.**
- Must provide proof of guardianship.
- This form must be completed every year.
- This Form must be returned with the original signature. No photocopies or faxes of the original signature accepted.

I am a Legal Guardian of: _____
Full Name of Adult (Fist, Middle, Last)

Date of Birth: _____ LTBB Citizenship#: _____ Social Security#: _____

If Mail Is Received at a Post Office/Other - Please Also Include the Physical Address.

Mailing Address: _____
City: _____ State: _____ Zip Code: _____
County of Residence: _____ Township: -Please Select One-
Phone Number: _____ Email address: _____

Physical Address: _____
City: _____ State: _____ Zip Code: _____
County of Residence: _____ Township: -Please Select One-

To be deemed incompetent a qualified tribal citizen over the age of 18 must be declared incompetent by a court of competent jurisdiction prior to any disbursement of monies to any individuals. His/her guardian must inform the Enrollment Department, with sufficient written evidence, that he/she is the incompetent's legal guardian along with the guardian and incompetent current address(es) prior to the aforementioned disbursement.

If the LTBB Enrollment Office does not receive notification the Per Capita check will be sent to the last known address on file in the Enrollment Office.

_____ _____
Print Legal Guardian Name Print Full Name of Adult (First, Middle, Last)

_____ _____
Signature of Legal Guardian Date

NOTARY PUBLIC

Acknowledged before me in _____ County, State of _____

on _____ , 20 ____ by _____
(Legal Guardian Name)

_____
Notary Public Signature AND Printed Name

Stamp/Seal

My Commission Expires on: _____

LTBB Office Use Only. Do Not Write Below This Line.

Enrollment: _____ DOE: _____ Sent to Accounting: _____