

Little River Band of Ottawa Indians ELECTION BOARD RECOUNT FORM

Please Print Clearly:

Last Name	First Name	M.I.	Tribal I.D. No.
Place of Residence (St	reet Address)		
City		State	Zip
Mailing Address (If di	fferent than Place of Residence)	City	State Zip
Home Telephone Num	ber Work Teleph	hone Number	
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Signature

Date