

Little River Band of Ottawa Indians Voter Registration Form

Date Stamp

This form is an application for voter registration and cannot be used for address change with Enrollment. The information provided must match the information on file with the Enrollment Department. Completion of this form is necessary to vote in the next tribal election. Contact Enrollment Department to update any information necessary to be a registered voter.

TRIBAL MEMBER VOTER REGISTRATION INFORMATION

Name				
	Last	First	Middle Initial	Tribal ID #
Physical Address	Street:			
	City:	State:	Zip:	

Mailing Address <small>PLEASE MARK SAME AS PHYSICAL IF APPLICABLE</small>	Street:			
	City:	State:	Zip:	

Tribal Identification Card Expiration Date		<i>This information will only be used to make sure both dates in the Enrollment database and the Tribal ID card are the same. If not, Enrollment will be alerted to update their information.</i>
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The below will be used to make contact should there be a problem with your registration

Email address: _____

Phone number: _____

I, hereby certify that I am a member of the Little River Band of Ottawa Indians, and I am at least 18 years of age or will be 18 years of age on or before the date of the next election. I further certify that I understand the rules for voter registration and will update my information with the Election Board AND Enrollment Department as necessary to be eligible to vote. I also understand that if any information is incomplete, or inaccurate I will not be listed as a registered voter until the information is complete and accurate.

Date: _____ Printed Name: _____

Signature: _____

DO NOT WRITE BELOW THIS LINE – FOR ENROLLMENT DEPARTMENT USE ONLY

Enrollment Certification (circle as applicable Yes or No) _____ 9 County _____ Outlying

Physical Address match: Yes / No	Mailing Address match: Yes / No	Tribal ID Exp Date:
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Enrollment Department certifies information has been reviewed and verified to be true with information on file with the Enrollment Department.

Date: _____ Signature: _____ Title: _____

DO NOT WRITE BELOW THIS LINE--FOR ELECTION BOARD USE ONLY

Election Board Certification (check applicable qualification) _____ 9 County _____ Outlying

____ Election Board hereby certifies that the above-named tribal member **is qualified** to vote in the next election and the above name, ID and address will be listed on the registered voter register.

____ Election Board hereby certifies that the above-named tribal member **is not qualified** to vote and has been notified of the inaccuracies identified in writing on (date) _____ and a new voter registration form is included with the notice.

Date: _____ Signature: _____ Title: _____