



Little River Band of Ottawa Indians

Voter Registration

Date Stamp

This form is for voter registration only and does not update the enrollment record. Completion is required to vote in tribal elections and verify tribal membership. Contact the Enrollment Department for address or other enrollment changes. Submit the completed form by email to ElectionBoard@lrboi-nsn.gov or by mail to Little River Band of Ottawa Indians Election Board, 2608 Government Center Drive, Manistee, MI 49660.

VOTER REGISTRATION INFORMATION – COMPLETE ALL AREAS AS INSTRUCTED

Name						
	Last	First	Middle Initial	Tribal ID #		
Physical Address	Street:					
	City:	State:		Zip:		
Enter “ <i>SAME</i> ” if the mailing address is the same as the Physical Address. DO NOT LEAVE BLANK.						
Mailing Address	Street:					
	City:	State:		Zip:		
Tribal Identification Card Expiration Date _____ **DO NOT LEAVE BLANK**, if unknown, contact Enrollment Dept.						
This information is used to confirm that your Tribal ID card information matches Enrollment records. If any information does not match, Enrollment will be notified and they may contact you regarding a replacement Tribal ID card.						
The information below will be used to make contact should there be an issue with the 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: _____ Signature: _____ Print Name: _____

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:

The Enrollment Department has reviewed and verified this information as accurate based on records on file.

Date: _____ Signature: _____ Title: _____

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

Election Board Certification

____ Election Board hereby certifies that the above-named tribal member **is qualified** to vote in any scheduled 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 and updates form is included with the notice.

Date: _____ Signature: _____ Title: _____