

Little River Band of Ottawa Indians

Voter Registration and Updates Form

Date Stamp

This form is an application for voter registration and cannot be used for address change with Enrollment. Completion of this form is necessary to vote in any scheduled tribal election and to verify you are an enrolled tribal member. Contact Enrollment Department to update any other information necessary.

VOTER REGISTRATION INFORMATION – COMPLETE ALL AREAS AS INSTRUCTED

Check One: **I Am Registering to Vote** **I Am Updating Voter Registration Information**

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

Enter "Same" 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. _____
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This information will only be used to verify the Tribal ID card matches Enrollment. If it does not, Enrollment will be alerted to update information and potentially provide the form to request a replacement Tribal ID.

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: _____ Printed Name: _____

Signature: _____

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

Enrollment Certification (circle as applicable Yes or No) <input type="checkbox"/> 9 County <input type="checkbox"/> Outlying		
Physical Address match: Yes / No	Mailing Address match: Yes / No	Tribal ID Exp Date:
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 -		
____ 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: _____