Gaá Ċhing Ziibi Anîshinaák

Little River Band of Ottawa Indians

ELECTION BOARD

DISPUTE, RECOUNT & CHALLENGE FORM

Please Print Clearly:

Last Name _____ First Name _____ M.I. ____ Tribal I.D. No. _____

Place of Residence (Street Address) _____

City _____ State ____ Zip _____

Mailing Address (If different than Place of Residence) _____ City _____ State ____ Zip _____

Home Telephone Number _____ Work Telephone Number _____

Please Check One:

____ Dispute ____ Recount ____ Challenge

Please Give Reasons for Request (not more than 200 words):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____