



SAGINAW CHIPPEWA INDIAN TRIBE
RESIDENCY FORM
RESIDENT TRIBAL MEMBER

Attention Tribal Members:

To verify that you live within the Tax Agreement Area, please complete this form and return it to the Business Regulations Department.

Part 1. Resident Tribal Member or Tribal Entity

Name:

Address:

Street P.O. Box Telephone
City State Zip Code

Tribal ID Number:

Social Security Number (Resident Tribal Member) - or- Federal Employer ID No. or TR No. of ME No. (Tribal Entity)

I certify that I live within the Agreement Area as defined in the Tax Agreement between the Saginaw Chippewa Indian Tribe and the State of Michigan and choose to register as a Resident Tribal Member for Tax Agreement purposes. I certify that I reside at the above address and I understand that falsifying information may revoke all tax benefits and penalties may be incurred as a result of filing false residency information.

Signature of Resident Tribal Member Date

If the application is filled out on behalf of another person because the applicant is a minor or incompetent, complete the following:

Name of person filling out application Date

Relationship to applicant Telephone

Copy of the legal guardianship for the minor or legally incompetent person attached? Yes No

Notify the Tribal Clerk's office within 10 days if your address changes.

Return to:
Saginaw Chippewa Indian Tribe
Dept. of Business Regulations
7070 E Broadway Road
Mount Pleasant, MI 48858
Ph: 989-775-4105
Fax: 989-775-4160
E-mail: cdsineway@sagchip.org

For Business Regulations Department Use Only:
Residency status verified on by