

SAGINAW CHIPPEWA INDIAN TRIBE RESIDENT TRIBAL MEMBER/TRIBAL ENTITY CLAIM

Part 1. Purchaser						
Purchaser's Name (first, middle initial, last):				Date:		
Purchaser's Address:				,	.	
Street:				Telephone:	Telephone:	
City:			State:	Zip Code:		
Tribal ID Number:	SSN (Last 4 digits) FEIN (Tribal Entity):		Will vel	Will vehicle be titled jointly? Yes No		
				se an RTM?	Yes No	
purchased or used, proprincipally garaged, ber - Passenger - Recreation - Snowmobil - Off-road ver - Campers, I Joint purchases by a Refew tax rate).	chicles motor homes, utility trailers esident Tribal Member and the fair market value of t	for the non-commerc Agreement Area. obiles, pick-up trucks s d a non-member spou	ial, personal, recreationa	use of the Resident To I vehicles and motorcy ed to a 3% sales/use ta	ribal Member and rcles	
Part 2. Seller Inform	ation					
Seller's Name:				Telephone:		
Seller's Address:				ļ.		
Street:			Fax or Email Address:			
City:			State:	Zip Code:		
Part 3. Vehicle Info	rmation					
Year:	Make:			Model:		
Vehicle Identification Num	ber (VIN):	1		I		
Part 4. Certification						
sources of law applicate under the Tax Agreement accept full responsibilite the Tribe for tax and accept full full for tax and accept full full full full full full full ful		t I have exercised reaso ppewa Indian Tribe and	nable care in the State of I	assuring that my claim of Michigan. In the event thi ng, if necessary, reimburs	f exemption is valid is claim is disallowed, I	
Signature of Resident Tribal Member				Date		

Email to: <u>BusinessRegulations@sagchip.org</u> or Fax to: (989) 775-4107