



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 Office of Tribal Licensing & Regulations.

Part 1. Resident Tribal Member or Tribal Entity

Name:		
Address:		
Street:	P.O. Box:	Telephone:
City:	State:	Zip Code:
Tribal ID Number:	Email Address:	
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 Enrollment office within 10 days of your address change.

Return to: Saginaw Chippewa Indian Tribe
Office of Tribal Licensing & Regulations
7500 Soaring Eagle Blvd
Mt Pleasant, MI 48858
Office: (989) 775-4122
Fax: (989) 775-4107
Email: OTLR@sagchip.org

For Tribal Licensing & Regulations Office Use Only:

Residency status verified on _____ by _____