



Enrollment Data Request Form

Office: 15542 State Hwy 371 NW
Cass Lake, MN 56633

Mailing Address: P.O. Box 217
Cass Lake, MN 56633

Phone: 218-335-8581

Fax: 218-3359496

PLEASE ALLOW ADEQUATE NOTICE FOR PREPARING AND PRINTING OF REPORTS. PLEASE PRINT CLEARLY, HAND DELIVER OR MAIL ORIGINAL.

Requester Information

Requester Name:		Job Title:	
Agency/Organization:	Telephone:	Cell:	
Address:	City:	State:	Zip:
Purpose of Request:			

Reports Available (please check one)

NO REPORT WILL INCLUDE BLOOD DEGREE UNLESS PURPOSE IS SPECIFIED.

Enrollment Book—Alpha Listing of all enrollees (Active Members)	Date of Birth/Death—Listing by date of birth	Voter's List—Alpha listing: 18 years and Age Projection Date	Totals Only—List totals of any above reports
FIELDS INCLUDE: FULL NAME, ID, AND DATE OF BIRTH <input type="checkbox"/> Bois Forte <input type="checkbox"/> Fond du Lac <input type="checkbox"/> Grand Portage <input type="checkbox"/> Leech Lake <input type="checkbox"/> Mille Lacs <input type="checkbox"/> All Reservations	FIELDS INCLUDE: NAME, MAIDEN NAME ID, DATE OF BIRTH, DATE OF DEATH <input type="checkbox"/> Bois Forte <input type="checkbox"/> Fond du Lac <input type="checkbox"/> Grand Portage <input type="checkbox"/> Leech Lake <input type="checkbox"/> Mille Lacs <input type="checkbox"/> All Reservations	FIELDS INCLUDE: NAME, DATE OF BIRTH, AND ADDRESS <input type="checkbox"/> Bois Forte <input type="checkbox"/> Fond du Lac <input type="checkbox"/> Grand Portage <input type="checkbox"/> Leech Lake <input type="checkbox"/> Mille Lacs <input type="checkbox"/> All Reservations	ZIP CODES IN NUMERICAL ORDER Totals can be broken down to determine where Tribal Members live. Please indicate: <input type="checkbox"/> On Reservation <input type="checkbox"/> Off Reservation <input type="checkbox"/> Near Reservation <input type="checkbox"/> Address unknown

Other—Describe report requested not included above

<input type="checkbox"/> Bois Forte	<input type="checkbox"/> Grand Portage	<input type="checkbox"/> Mille Lacs	<input type="checkbox"/> All Reservations
<input type="checkbox"/> Fond du Lac	<input type="checkbox"/> Leech Lake	<input type="checkbox"/> White Earth	

<input type="checkbox"/> Range of Dates (to present):	Adults	Minors	<input type="checkbox"/> IF adults or minors, as of what date:
<input type="checkbox"/> City:	MUST LIST ZIP CODES IN NUMERICAL ORDER FOR THE CITY REQUESTED.		<input type="checkbox"/> Copies:
			2+ COPIES COST \$0.12 PER PAGE.
			<input type="checkbox"/> Special Request
			PLEASE USE BACK SIDE.

Signatures

R.T.C. Member Signature:	Date:
Print Name & Title of R.T.C. Member:	
Luke Warnsholz, Executive Director Signature:	Date:

Mailing Instructions

Send original, completed request (including ALL required signatures) to:
Minnesota Chippewa Tribe Attn: Operations, P.O. Box 217, Cass Lake, Minnesota 56633

Office Use Only

Date Received:	Received By:
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Date of Request: _____

Returned Data Reports

RETURN OLD DATA REPORTS IF REQUESTING AN UPDATED VERSION PRIOR TO RECEIVING NEW REPORTS

Returned:	Date:	Quantity:	Date:
Returned:	Date:	Quantity:	Date:

Since Tribal Rolls are exempt from Release under Section 2.13 (c) 6, of the Regulations implemented for the Freedom of Information Act, information concerning tribal members, i.e., addresses, blood degrees, per capita payments, etc., may not be released, other than by the individual's request.

Enrollment Data — Special Reports Request

USE THE SPACE BELOW TO PROVIDE VERY DETAILED INFORMATION PERTAINING TO YOUR SPECIAL REPORTS REQUEST.



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