

Redistricting/Reapportionment Tribal Membership Input Submission

Please indicate and mark as much information as possible.

Print Name Below:	Signature Below:
Mailing Address Below:	Email Below:
Physical Address, if different than above:	Tribal ID #
City, State, Zip Code	Phone #
	() -

What District You Currently Reside In: 1 2 3 4

Please indicate and mark how submitted scenario/map.

Hard Copy

Attention of:	
Street/P.O. Box	
City, State, Zip Code	
Date Mailed	

E Mail

Email address sent to	
Date Emailed	

Number of Scenario/Map(s): _____

Short Summary _____

