

STOCKBRIDGE~MUNSEE COMMUNITY

LAND MANAGEMENT DEPARTMENT

P.O. Box 70 • N8502 Moh He Con Nuck Road • Bowler, WI 54416 Phone: (715) 793-4855 or (715) 793-4869 • Fax: 715-793-5097

REQUEST FOR RELINQUISHMENT OF TRIBAL LAND

Dept. will only process original – Do Not Email/Fax

MEMBER INFORMATION					
Enrollment No:	DOB:				
Full Name:					
Address:	Last	First	Middle	Suffix/Maiden	
ridal ess.	P.O. Box or Street Apt.			Apt.	
	City		State	Zip	
Primary Phone:	()	Er	nail:		
RELINQUISHMENT INFOR	MATION				
1. Relinquishing triba	ıl land assignment	to the following	g:		
☐ Individual	OR Stockbridge-Munsee Community				
Name of Individual	:				
2. LAND DESCRIPTION	ON:		Approximately	Acres (more or less)	
3. Purpose for relinqu	ishment:				
\square Residential	☐ New Constr	uction 🗆 I	Home Loan 🔲 Leas	se of Land	
\Box Other (please s	pecify):				
\(\(\frac{1}{2}\)\(\f					
MEMBER SIGNATURE &					
I, the undersigned, hereb the Stockbridge-Munsee (bal land assignment as s	pecified above with	
Member Signature			 Date		
(SEAL)			CERTIFICATE OF NOTARY PUBLIC The above-named person(s) came before me this day of		
			My commission expires:	NOTARY SIGNATURE	