



# 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: \_\_\_\_\_  
Last First Middle Suffix/Maiden

Address: \_\_\_\_\_  
P.O. Box or Street Apt.  
City State Zip

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### RELINQUISHMENT INFORMATION

1. Relinquishing tribal land assignment to the following:

Individual OR  Stockbridge-Munsee Community

Name of Individual: \_\_\_\_\_

2. LAND DESCRIPTION: \_\_\_\_\_ Approximately \_\_\_\_\_ Acres (more or less)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Purpose for relinquishment:

Residential  New Construction  Home Loan  Lease of Land

Other (please specify): \_\_\_\_\_

### MEMBER SIGNATURE & NOTARIZATION

I, the undersigned, hereby request relinquishment of my tribal land assignment as specified above with the Stockbridge-Munsee Community (“Tribe”).

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

(SEAL)

#### CERTIFICATE OF NOTARY PUBLIC

The above-named person(s) came before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

My commission expires: \_\_\_\_\_