



Hunting/Fishing License Reimbursement Application

Applicant must be an enrolled Wiyot Tribe Citizen, or to hunt or fish on behalf of an enrolled Elder Wiyot Tribe Citizen listed below.

Provide a copy of the license or receipt with this application to the Health & Human Services Department.

Name of Person requesting reimbursement: _____	
Address: _____ _____	
<input type="checkbox"/> This is a new mailing address, please update my enrollment record.	
Phone Number: _____	
_____ Requesting reimbursement as a Wiyot Tribe Citizen Tribal ID# _____	
_____ Requesting reimbursement to hunt/fish for an Elder Wiyot Tribe Citizen:	
Name: _____	Tribal ID# _____
DOB: _____	
Address: _____ _____	
<input type="checkbox"/> This is a new mailing address, please update their enrollment record.	
Phone: _____	

For Official Use Only

Date Received: _____ by: _____

Date logged: _____ by: _____

Date Checked: _____ by: _____

Tribal Roll Database: _____ Fiscal System: _____ File Folder: _____