



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 Administration Department

Attn: Enrollment Manager

Name of person requesting reimbursement: _____

Address: _____

☐ *This is a new mailing address, please update my enrollment record.*

Phone Number: _____

☐ *Requesting reimbursement as a Wiyot Citizen. Tribal ID #* _____

☐ *Requesting reimbursement to hunt/fish for an Elder Wiyot Tribe Citizen:*

Name: _____ *Tribal ID#* _____

Address: _____ *DOB:* _____

☐ *This is a new mailing address, please update their enrollment record.*

Phone Number: _____



For Official Use Only

Date Received: _____ *By:* _____

Tribal Roll Data Base: _____ *Fiscal System:* _____ *Enrollment File:* _____