



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: _____