

STOCKBRIDGE-MUNSEE COMMUNITY

LAND & ENROLLMENT DEPARTMENT

P.O. Box 70 • N8502 Moh He Con Nuck Road • Bowler, WI 54416 Phone: (715) 793-4677 or (715) 793-4671 • Fax: 715-793-5097

REQUEST FOR RELINQUISHMENT OF TRIBAL LAND

MEMBER INFORMATION	
Enrollment No: Name: Address:	Birth Date:
Phone/Email:	
RELINQUISHMENT INFORMATION	
1. Relinquishing tribal land ass	gnment to the following:
☐ Individual or	☐ Stockbridge-Munsee Community
Name of Individual:	
2. LAND DESCRIPTION:	
3. Number of acres to relinqu	h: Approximately Acres (more or less)
4. Purpose/Reason for relinqu	hment:
☐ Residential ☐ New	Construction \square Home Loan \square Lease of Land
\Box Other (please specify): _	
MEMBER SIGNATURE & NOTAR	ATION
	elinquishment of my tribal land assignment as specified above with
Member Signature	Date
(SEAL)	CERTIFICATE OF NOTARY PUBLIC The above named person(s) came before me this day of
	NOTARY SIGNATUR My commission expires: