COPY OF FILE REQUEST FORM

($10.00 fee-*Payment must be paid upon Request*)

I am an enrolled member of the Sault Tribe and would like to request a copy of my file

Name: _____

Date of Birth: _____

Social Security Number: _____

Mailing Address: _____

_____

Phone Number: _____

Reason for Request _____

Signature: _____

Mail form and **money order** to:

Sault Tribe Enrollment Department
PO Box 1628
Sault Ste. Marie, MI 49783

Or, you may call and pay over the phone with a **credit or debit card** and email your request to enrollment@SaultTribe.net

Copy of file will be mailed to the address above or you may request to pick up the file at our office.