

COUNCIL ANNETTE ISLANDS RESERVE



Metlakatla Indian Community

Audrey Hudson, Mayor Judith Eaton, Secretary Tina Marsden, Treasurer

Established 1887

Post Office Box 8 Metlakatla, Alaska 99926 Phone (907)886-4441 Fax (907)886-7997

2017 VISITOR PERMIT APPLICATION			
	e picture identification a eek employment while v	long with this application. Approval of this pe isiting the Island.	ermit
Applicant's Name (First M.I. Last)		MIC Member/Sponsor's Name	
Social Sec. Number	Date Of Birth	Sponsor's Box # Residential Location	
Place of Birth City St.	Drivers License#	Sponsor's Phone #	
Applicant Phone #:			
.,	g at in Metlakatla (if different		
Thi	is Permit is valid for thirt	y (30) days from date of issue.	
Permi	t is Valid from:	, 2017 to, 2017	
I herein submit my applica of Good Citizenship during		slands Reserve and do subscribe to the following princ	iples
2. To be faithful and laws of the United	of America and the State of rms of vice; the use of drugs	Community; to obey its ordinances; regulations; to obe	
regulation may cause the	Metlakatla Indian Commun	only. I further realize that any violation of this permit are ity to cancel my permit and ask that I leave the An accurate information shall be grounds for refusal or	nette
The sponsor by signing expulsion.	below is accepting respons	sibility for applicant, including, if necessary, the far	e for
Applicant's Signature		Sponsor's Signature	
Copy of I.D. obtained			a
Visitor Permit: Grante	ed □ Rejected □	Authorized Executive Signature Date	annet state of the