

MILLE LACS BAND BONUS DECLINATION FORM

PLEASE READ THIS BEFORE YOU FILL OUT THE FORM

- THIS ORIGINAL MUST BE FILLED OUT COMPLETELY AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. PHOTOCOPIES AND FAX COPIES WILL NOT BE ACCEPTED. CONTACT THE OFFICE OF MANAGEMENT AND BUDGET AT 800/709-6445 FOR ANOTHER FORM IF NEEDED.

MAIL TO: MLB-OMB, 43408 Oodena Drive, Onamia, MN 56359

Tribal ID# 401B _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ Date of Birth _____

County of Residence _____ Phone # _____

I HEREBY **DECLINE** MY MILLE LACS BAND BONUS FOR _____ (MONTH/YEAR). I UNDERSTAND THAT I **WILL NOT** BE ABLE TO RECEIVE IT IN THE FUTURE.

SIGNATURE _____

For Notary Public Use

Certificate of Notary Public

Subscribed and sworn to before me

this _____ day of _____, _____

Signature _____

Commission Expires _____

For Office of Management and Budget Use Only

Date Received for _____ payment

Insert Date

Date Entered