



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 Health & Human Services Department.

Name of Person requesting reimbursement: _____

Address: _____

This is a new mailing address, please update my enrollment record.

Phone Number: _____

___ Requesting reimbursement as a Wiyot Tribe Citizen Tribal ID# _____

___ Requesting reimbursement to hunt/fish for an Elder Wiyot Tribe Citizen:

Name: _____ Tribal ID# _____

DOB: _____

Address: _____

This is a new mailing address, please update their enrollment record.

Phone: _____

For Official Use Only

Date Received: _____ by: _____

Date logged: _____ by: _____

Date Checked: _____ by: _____

Tribal Roll Database: _____ Fiscal System: _____ File Folder: _____