

HABEMATOLEL POMO OF UPPER LAKE PROP 1-A/TGWO Contact/Notification/Withholding/Release Form

CONTACT INFORMATION		
_____ Full Legal Name, as it appears on your Social Security card	_____ A.K.A. or Nick Name	
_____ Mailing address	_____ Contact Phone Number	
_____ Citv. State. Zip	_____ Email Address	
NOTIFICATION PREFERENCES		
<input type="checkbox"/> Please notify me by telephone at this number (_____) _____ --- _____		
<input type="checkbox"/> Please notify me by Email at this address _____ @ _____		
<input type="checkbox"/> I do not need to be notified, please just mail payment to my mailing address		
<input type="checkbox"/> Check this box to waive Certified Return Receipt Mail		
<input type="checkbox"/> Please note that by waiving certified mail you are assuming the responsibility for any fees associated with re-issuing your Prop 1-A check. This can include a \$20 stop payment fee and any additional postage. Also, you acknowledge that the Tribe has (10) ten days to reissue any checks lost in the mail due to waiver of certified return receipt.		
TAX WITHHOLDING INFORMATION		
_____ Social Security Number		
<input type="checkbox"/> I hereby authorize the Tribal Office to Withhold _____ % from each of my Prop 1-A Distributions		
<input type="checkbox"/> I choose to receive my Prop 1-A Distributions through the Tribal General Welfare Ordinance programs and am not subject to taxes		
CHECK RELEASE INFORMATION		
I hereby authorize the Tribal Office to release my Prop 1-A Check to the following persons		
_____	_____	_____
_____	_____	_____
_____	_____	_____
This form is valid until revoked and/or changed. All changes must be made in writing and received by the Tribal Office before the end of the quarter in order to take affect for that distribution.		
_____ Signature (Legal Guardian for Minors)	_____ Date	

Date Received: _____ Received by: _____