

Tł_Icho Citizen Information Request

Enrolment, Department of Client Services
PO Box 412, Behchokò, NT X0E 0Y0

Tel: 867.392.1700 ext. 1703/1706 • Fax: 867.392.6884 Email: enrolment@tlicho.ca • Website: www.tlicho.ca

This form is an information request from Tłycho Citizen to the Enrolment Coordinator

1. Name of Tłįchǫ Citizen:		
First Name Middle Name Las	t Name Date of Birth: Da	v. Month. Year
2. Contact information of Tłıcho Citizen:		
Email:	Street Address:	
Cell Phone No.:	PO Box:	
Home Phone No.:	City/Town:	
Work No.:	Territory/Province:	
	Postal Code:	
3. Information requested:		
If "other", please state what information you are requesting below: 4. Send information to: Myself, Other – Name of person receiving information		
Name		
5. Send information to the following address list below:		
Email:		
Fax:		
Mailing Address		
6. Signature of Tłįcho Citizen or Guardian:		
I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that I am submitting this information voluntarily and to release my information to the person receiving information listed above.		
Print Name	Signature	Date

Return this form Tłycho Enrolment Office by email, fax or mailing address listed above.

Complete all information requested on this form. Request must be completed in full to avoid any delays in processing. Enrolment Coordinator may request additional information to process request.