



SAGINAW CHIPPEWA INDIAN TRIBE RESIDENT TRIBAL MEMBER/TRIBAL ENTITY CLAIM

Part 1. Purchaser

Purchaser's Name (first, middle initial, last):		Date:
Purchaser's Address:		
Street:		Telephone:
City:	State:	Zip Code:
Tribal ID Number:	Social Security Number (Resident Tribal Member) Fed. ID No. or TR No. or ME No. (Tribal Entity):	

UTILITIES

Sales of electricity, natural gas or artificial gas, home heating fuels and all transmission and distribution charges are exempt from both the sales tax and use tax if the product is delivered to a Resident Tribal Member's principal residence located within the Agreement Area.

In addition, telephone (intrastate and interstate), telegraph leased wire, internet, cable and other similar communications rendered to and paid for by the Resident Tribal Member are exempt from both the sales tax and use tax if the service is rendered to a Resident Tribal Member's principal residence located within the Agreement Area.

Part 2. Utility Provider Information

Name of Utility Provider:	Account #
Internet _____	_____
Cell phone _____	_____
Electricity _____	_____
Gas _____ (Includes natural, propane, LP and fuel oil)	_____

Part 3. Billing Information

Name (as it appears on billing statement - must be Resident Tribal Member): Attach copy of bill(s) for best results.		
Address (must be in Agreement Area and must match above address):		
Street:		
City:	State:	Zip Code:

Part 4. Certification

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted Tribal regulations and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under the Tax Agreement between the Saginaw Chippewa Indian Tribe and the State of Michigan. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor or the Tribe for tax and accrued interest.	
Signature of Resident Tribal Member _____	Date _____

Complete and return to Office of Tribal Licensing & Regulations.

Email: OTLR@sagchip.org

Fax: (989) 775-4107