



SENECA
NATION OF INDIANS

Allegany Clerk's Office
90 Ohi:yo' Way/POB 231
Salamanca NY 14779
716.945.1790

Cattaraugus Clerk's Office
12837 Rt. 438
Irving NY 14081
716.532.4900

REQUEST FOR INFORMATION

☐ MEMBER

☐ DEPARTMENT

Member Name: _____

Enrollment #: _____

Phone # _____

EMAIL: _____

Staff Name: _____

Department: _____

Supervisor: _____

Phone/Ext. _____

EMAIL: _____

DATE OF REQUEST: _____

REASON FOR REQUEST: _____

☐ **Copy of Birth Certificate**

For child(ren) under 18, list below

☐ **On-Territory Residency Letter**

For child(ren) under 18, list below

☐ **Descendancy Letter**

Must have your original Birth Certificate & provide Father's Enrollment Number

☐ **Form Request**

State type of form below

☐ **Other Documents or Information**

Explain below

☐ **Enrollment Certificate**

For child(ren) under 18, list below

☐ **Copy of Court Document**

Explain below

☐ **Council Certification**

Include date, topic, number, etc.

☐ **Deed Info or Copy of Deed**

You must be listed as landowner(s)

☐ **Immunity Letter for SNI payments**

ADDITIONAL INFO: *For quicker response time, please include as much information as possible.*

How would you like to receive your request? ☐ Phone ☐ Email ☐ Mail ☐ In-person

If by mail, provide address above.

Acknowledgement that document/information was received:

Signature: _____ Date: _____

(Clerk's Office Use Only)

Request received by: _____ Date: _____ Phone Email Mail In-person

Completed by: _____ Date: _____ Info. provided via: Phone Email Mail In-person

Comments: _____