THE SENECA NATION OF INDIANS

12837 Route 438
Cattaraugus Territory
Seneca Nation
Irving 14081
Phone (716) 532-4900
Fax (716) 532-9132

PRESIDENT
Maurice John, Sr.
TREASURER
Todd Gates
CLERK
Pauline John

90 Ohi:yo' Way, PO Box 231
Allegany Territory
Seneca Nation
Salamanca 14779
Phone (716) 945-1790
Fax (716) 945-0150

Date: _____

To: Seneca Nation of Indians Clerk's Office
P.O. Box 231
Salamanca, NY 14779-0231

I am requesting a **Waiver** from the annual in-person registration due to the following reason (s):

- ◯ Military Waiver (Copy of Military ID attached)
- ◯ Medical Waiver (Current original documentation must be attached from physician)
- ◯ Incarceration (Documentation attached)
- ◯ Other (*Financial burden reasons will not be considered*) _____

_____
_____
_____

My date of birth is _____ and my Seneca Enrollment # is _____.
I understand that I have to request a waiver on a yearly basis in order to continue receiving any monetary benefits (Annuity checks, Elders Benefits, Disability Benefits, etc.) from the Seneca Nation. If I fail to do so, I also understand that I will **not** be eligible to receive any benefits until such time that I do so.

Home Phone: _____ Cell Phone: _____
Message Phone: _____ Email address: _____

Mailing Address: _____
_____
_____

Sincerely,

_____
(Signature MUST be notarized)

Clerks Received Stamp

Notary Public