



The Klamath Tribes Tribal Elder Firewood Program 2013 Wood Cutter Application

Date: _____ Klamath Tribal Roll # _____
Wood cutters **must be enrolled Klamath Tribal Members**

Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Work Telephone #: _____

Cell Phone #: _____ Message Telephone #: _____

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For Official Use Only

Approved: _____ Denied: _____ Date: _____

Applicant Notified On: _____ Contractor #: _____

Reason: _____

***Director Approval/Date** _____