

Big Pine Paiute Tribe of the Owens Valley

Big Pine Paiute Indian Reservation

Complaint / Information Form

Date:		
Name:	· 	
Mailing Address:		
(P.0	O. Box or Street Address)	
City:	State:	Zip:
Cell Phone Number:	Email:	
Complaint	Tribal Council or Committee to be addressed:	
Information	☐ Tribal Member	Tribal Council
	Land Assignment Comm	ittee Tero Committee
	Enrollment Committee	☐ Tribal Administration
	Other:	_
Please write your complaint or the second se	request for information in the space below:	
(If additional space is needed, p	lease use separate sheet.)	

P.O. Box 700 ● 825 S. Main Street ● Big Pine, CA 93513 ● Office: 760-938-2003 ● Fax: 760-938-2942