



# MAKAH TRIBE

## COVID-19 PANDEMIC RESPONSE

### Residency Application

**Instructions:** Makah Tribal Council (MTC) approval is required for all non-residents to access the Makah Indian Reservation. To request approval for residency, please fill out this form and submit it to Brittany Olson at [brittany.olson@makah.com](mailto:brittany.olson@makah.com).

Name: \_\_\_\_\_

Other Members of Household: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose for coming to Neah Bay (i.e., employment, personal relationship):

\_\_\_\_\_

\_\_\_\_\_

Duration of Stay: \_\_\_\_\_

Address where you intend to reside: \_\_\_\_\_

Vehicle License Plate (if applicable): \_\_\_\_\_ State: \_\_\_\_\_

Additional Vehicle Plate(s) \_\_\_\_\_ State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

If place of employment is outside of Neah Bay, please provide additional information such as company name and city:

\_\_\_\_\_

Are the applicant and any other household members fully vaccinated? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_

By signing below, you agree that:

1. You and all other members of your household will remain familiar with and follow current Health Orders and protocols of the Makah Tribal Council.
2. You and all other members of your household will be a cooperative, respectful, and safe member of the community.
3. You are subject to the jurisdiction of the laws, ordinances and orders of the Makah Tribe and State of Washington while residing in Neah Bay.
4. You will quarantine for 14 days if moving to Neah Bay from a high-risk area.
5. You will provide proof of residency within 30 calendar days of application approval.
6. You understand that the Makah Tribal Council reserves the right to rescind residency approval at any time for good cause.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Application Review**

- Chief of Police
- General Manager
- Health Officer

**Approval Signature**

MTC Chairman \_\_\_\_\_

Date \_\_\_\_\_

Proof of residency provided (i.e., Driver's License, Voter Registration)?

\_\_\_ Yes      \_\_\_ No