



**Tłicho Government**

# Tłicho Information Request

**Lena Zoe, Enrollment Coordinator**

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**This is record of information requested of a Tłicho Citizen**

**1. Name of the requestor:**

<b>Name:</b> _____	_____	_____
	First Name	Middle Name
		Last Name

**1. Requestor's contact information:**

<b>Phone No.:</b> _____	<b>Contact Person:</b> _____
<b>PO Box:</b> _____	<b>Town/City:</b> _____
<b>Province/ Territory:</b> _____	<b>Postal Code:</b> _____

**2. What is the name of person, date of birth, sex of the person you are requesting the info of:**

**3. For what purpose are you requesting the info:**

**4. What information do you want:**

**Signature**

I certify that the information provided is, to the best of my knowledge, true, correct and complete.		
<b>Name:</b> _____	_____	_____
	Print Name	Signature
		Date

**5. Return this form to by email, fax, or mailing address below:**

- a. Email: [lenazoe@tlichocom](mailto:lenazoe@tlichocom)
- b. Fax: 867.392.6884
- c. Mailing address: C/O Enrollment, PO Box 412, Behchokò, NT X0E 0Y0