



**Gila River Indian Community
Land Use Planning & Zoning
Realty Section**

INITIAL INTAKE FORM

Date: _____

GENERAL INFORMATION:

First Name: _____ Last Name: _____

M.I: _____ Telephone: _____ Tribal ID: _____

Mailing Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

RHIP INFORMATION:

RHIP Approved Applicant: Yes ___ No ___ Year RHIP Application Approved ___

I Will Apply for RHIP: Yes ___ No ___ Age 55 or Older Yes ___ No ___

ALLOTMENT INFORMATION:

District	Allotment Number	Section	Township	Range

I, _____, fully understand that I am applying for a public right-of-way and hereby give permission to LUP&Z Realty Staff to acquire, discuss, and or share information with the Bureau of Indian Affairs and or Tribal departments with regards to my Rights-of-Way needs.

Applicant Signature

Date:

Witness Signature

Printed Name of Witness

ROW Application Tracking No. _____