

COMANCHE NATION GRAVEL TINHORN RENEWAL APPLICATION

Date: _____

Personal Information

Name: _____
First Last

Physical Address: _____
street

City Zip County

Phone# _____ Secondary Phone# _____

Are you a Comanche tribal member? ☐ Yes ☐ No Tribal Enrollment#: _____

Directions and description if necessary:

Driveway Information

Service(s) Applying For:

(Please check applicable boxes)

(circle one: Elder/handicapped/disabled)

- ☐ New driveway construction
- ☐ Driveway repair to the existing driveway (circle one: gravel or installation of tinhorn)

Authorization

I hereby allow the **Comanche Nation Gravel Tinhorn Program** and its authorized representative to enter the property for driveway services. I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misleading or false information may result in the termination of my application and disqualification from the program.

Applicant/Property Owner Signature/Date: _____

Operator Signature/Date Completed/Tons: _____