



# Susanville Indian Rancheria Change of Address

**PLEASE PRINT THE FOLLOWING MANDATORY INFORMATION FOR:**

\_\_\_\_\_ Enrollment Number \_\_\_\_\_,  
 (Adult - Name/Age)

\_\_\_\_\_ Enrollment Number \_\_\_\_\_,  
 (Child - Name/Age)

**OLD Mailing Address:**

\_\_\_\_\_ Old Mailing Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**OLD Physical Address:**

\_\_\_\_\_ Old Physical (Street) Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**NEW (or Current) Mailing Address:**

\_\_\_\_\_ New Mailing Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**NEW (or Current) Physical Address:**

\_\_\_\_\_ New Physical (Street) Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**PHONE NUMBER(S):** Primary : (\_\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS (Optional):** \_\_\_\_\_

By signing this form, I give permission for the Tribal Office to share this information with the Tribal Fiscal Department to update address information in their system in order to receive my Annual Distribution.

\_\_\_\_\_ Adult Tribal Member Signature \_\_\_\_\_ Date

<p><b>Updated in Progeny TDR by:</b> _____ <b>Date:</b> _____</p> <p style="text-align: center;">Tribal Office Staff Signature</p> <p><b>!CONFIDENTIAL!</b> Sent to Fiscal Dept. <b>Date:</b> _____</p>
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