



Susanville Indian Rancheria Change of Address

RN = Enrollment Member Number

Please update the following information for: _____ RN _____,
(Adult - Name/Age)
_____ RN _____, _____ RN _____,
(Child - Name/Age) (Child - Name/Age)
_____ RN _____, _____ RN _____,
(Child - Name/Age) (Child - Name/Age)

OLD ADDRESS:

NEW MAILING ADDRESS:

Address

City, State Zip

Address

City, State Zip

NEW PHONE NUMBER(S):

NEW PHYSICAL ADDRESS:

Primary: (_____) _____
Cell: (_____) _____
Message: (_____) _____

Address

City, State Zip

County

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.

Tribal Member Signature Date
ALL LISTED ADULTS (18 YRS & OLDER) MUST SIGN.

Updated in Progeny TDR by:

Tribal Office Staff Signature Date: _____
!CONFIDENTIAL! Sent to Fiscal Dept. Date: _____

Susanville Indian Rancheria, 745 Joaquin Street, Susanville, CA 96130
Enrollment Office (530) 257-2591, FAX (530) 252-4350 sirenrollment@citlink.net