



Susanville Indian Rancheria Change of Address

PLEASE PRINT THE FOLLOWING MANDATORY INFORMATION FOR:

_____ Enrollment Number _____
 (Adult - Name/Age)

_____ Enrollment Number _____
 (Child - Name/Age)

_____ Enrollment Number _____
 (Child - Name/Age)

_____ Enrollment Number _____
 (Child - Name/Age)

_____ Enrollment Number _____
 (Child - Name/Age)

_____ Enrollment Number _____
 (Child - Name/Age)

ALL ADDRESSES ON RECORD ARE THE SAME. (Check if applicable)

MAILING ADDRESS ON RECORD:

NEW MAILING ADDRESS:

_____ Address

_____ City, State Zip

PHYSICAL ADDRESS ON RECORD:

NEW PHYSICAL ADDRESS:

_____ 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>Updated in Progeny TDR by: _____ Date: _____</p> <p>!CONFIDENTIAL!</p> <p>Tribal Office Staff Signature Sent to Fiscal Dept. Date: _____</p>
