



Susanville Indian Rancheria Change of Address

PLEASE PRINT THE FOLLOWING REQUIRED INFORMATION FOR:

_____ Enrollment Number _____
 (Adult - Name/Age)

_____ Enrollment Number _____
 (Child - Name/Age)

OLD ADDRESS: Only required if address information has changed since filing your last Change of Address form.

MAILING Address:

_____ Old Mailing Address

_____ City _____ State _____ Zip

PHYSICAL Address:

_____ Old Physical (Street) Address

_____ City _____ State _____ Zip

NEW or CURRENT ADDRESS :

MAILING Address:

_____ New Mailing Address

_____ City _____ State _____ Zip

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