



Susanville Indian Rancheria Change of Address Form

Date Stamp

1. NAME: PRINT name, age, and enrollment number for the following:

_____	_____	Enrollment Number _____,
Adult Name (parent/guardian)	Age	
_____	_____	Enrollment Number _____,
Child Name (aged 17 or younger)	Age	
_____	_____	Enrollment Number _____,
Child Name (aged 17 or younger)	Age	
_____	_____	Enrollment Number _____,
Child Name (aged 17 or younger)	Age	
_____	_____	Enrollment Number _____,
Child Name (aged 17 or younger)	Age	
_____	_____	Enrollment Number _____,
Child Name (aged 17 or younger)	Age	

2. ADDRESS: Complete ALL FOUR sections:

OLD (Required)

NEW

MAILING	_____ OLD Mailing Address _____ City State Zip	MAILING	_____ NEW Mailing Address _____ City State Zip
	PHYSICAL		<input type="checkbox"/> SAME AS ABOVE _____ OLD Physical Address _____ City State Zip

3. PHONE NUMBER: Primary : (_____) _____ Cell : (_____) _____

4. EMAIL ADDRESS (Optional): _____

5. 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.

Signature of adult named on first line at top of form Date

Mark this box if you wish to receive the SIR Tribal News, our quarterly newsletter, by mail.

Office Use Only	
<input type="checkbox"/> Old address matches records	<input type="checkbox"/> Custody, guardianship, conservatorship confirmed
Updated in TDR Progeny by: _____	Date: _____
! CONFIDENTIAL !	Enrollment Coordinator Signature Sent to Fiscal Dept. Date: _____

INSTRUCTIONS

Use this form to notify the Susanville Indian Rancheria that your address has changed so that we may redirect your mail to your new address.

Your complete and signed Change of Address form will be used to update your mailing and physical address, your phone number(s), and email address on record with the Susanville Indian Rancheria Enrollment Office and Fiscal Department.

Adults (18 years or older) must submit their own Change of Address form.

Enter your name and age on the first line and list your children on the following lines.

Complete ALL FOUR address sections. If the physical address is the same as the mailing address, check the box labeled "SAME AS ABOVE".

Your old address information must match our records for verification purposes.

The form must be signed by the person named on the first line at the top of the form.

WHERE TO FIND FORM

SIR Change of Address (COA) forms and are available at the Tribal Office or online at the Susanville Indian Rancheria website: <http://www.sir-nsn.gov/governing-documents/>

Contact the Enrollment Office to have the form emailed, faxed, or mailed to you.

WHERE TO SEND FORM

Completed Change of Address forms may be returned to the Susanville Indian Rancheria as follows:

By mail: Susanville Indian Rancheria
c/o Enrollment Office
745 Joaquin Street
Susanville, CA 96130

By fax: 530-257-7986

By email: tribaloffice@sir-nsn.gov

In person: Susanville Indian Rancheria Tribal Office

QUESTIONS

Please call the Enrollment Office at (530) 251-5157 if you have any questions. If the matter is urgent and the Enrollment Coordinator is not available, contact the Tribal Office at (530) 257-6264