

Susanville Indian Rancheria Change of Address Form

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

Adult Name (parent/guardian)	Age
Child Name (aged 17 or younger)	Age
Child Name (aged 17 or younger)	Age
Child Name (aged 17 or younger)	Age
Child Name (aged 17 or younger)	Age
Child Name (aged 17 or younger)	Age

Enrollment Number,
Enrollment Number,

2. ADDRESS: Complete ALL FOUR sections:

OLI	D (Required)				NEW	
OLD Mailing Addres	55		AILING	NEW Mailing Add	dress	
City	State	Zip	W	City	State	Zip
\Box SAME AS A	ABOVE		H	\Box SAME AS	ABOVE	
OLD Physical Addre	SS		PHYSICA	NEW Physical A	Address	
City	State	Zip	Id	City	State	Zip

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 Da	ate	
\Box Mark this box if you wish t	o receive the SIR Tribal News, our quar	terly newsletter, by mail.	

\Box Old address matches records \Box Custody, guardianship, conservatorship confirmed			
Updated in TDR Progeny by: _		Date:	
	Enrollment Coordinator Signature		
! CONFIDENTIAL !	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: <u>http://www.sir-nsn.gov/governing-documents/</u>

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