



**KASHIA BAND OF POMO
INDIANS OF THE
STEWARTSPONT RANCHERIA**

**1420 Guerneville Rd, Suite 1
Santa Rosa, Ca 95403**

Subject: Address Change

Dear Tribal Member:

If you have a change of address, you must return this Form to ensure that the Tribe has proper documentation of your correct personal information.

Tribal Member Name (please print): _____

OLD Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

NEW Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

County _____ **D.O.B** _____ **Phone** _____

Last four digits of Social Security Number of Tribal Member to verify identity: _____

List all Tribal Member minors living at this address with you:

Signature: _____ **Date:** _____

All information provided is CONFIDENTIAL and will not be released to other Tribal Members. REMEMBER TO NOTIFY THE TRIBAL ENROLLMENT DEPARTMENT IMMEDIATELY IF YOUR ADDRESS CHANGES AT 707-591-0580. YOU CAN FAX YOUR FORM TO 707-591-0583.

OFFICE USE ONLY:

☐

Administration

Date

☐

Fiscal

Date