PIT RIVER TRIBE ENROLLMENT DEPT.

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Ajumawi Aporige Astarawi Atsugewi Atwamsini Hammawi Hewisedawi Illmawi Itsatawi Kosealekte Madesi **CHANGE OF ADDRESS** Name: _____ Maiden Name: _____ Enrollment Roll #: Date of Birth: NEW ADDRESS Mailing Address: State: Zip: City: Physical Address: **OLD ADDRESS** Mailing Address: State: Zip: Physical Address: **LIST ALL MINORS** who are affected by this Change of Address Child's Name: Date of Birth: 1. 2. 3. Phone Number: ____ Alternate Phone Number: I HEREBY DECLARE THAT THIS IS MY MOST RECENT MAILING ADDRESS Print: Sign: Date: ENROLLMENT STAFF OFFICE USE: ENROLLMENT VERIFIED? \square Yes \square No (Staff)Print: Enrollment Assistant Sign: Date: (530) 335-5421 X 2021 (Staff)Print: Tribal Secretary Sign: Date: