



RESIGHINI RANCHERIA

P.O. Box 529 ▪ Klamath, CA 95548
Tel (707) 482-2431 ▪ Fax (707) 482-3425

OFFICIAL ADDRESS FORM

ROLL # _____ NAME _____

MAIDEN NAME: _____

OLD ADDRESS: _____

NEW PHYSICAL ADDRESS:

NEW MAILING ADDRESS:

PHONE NO: _____

EMAIL: _____

Minors (list the full name and roll numbers of all minor citizens who are affected by this change of address)

Roll No. # _____ Name: _____

Roll No. # _____ Name: _____

Roll No. # _____ Name: _____

Roll No. # _____ Name: _____

SIGNATURE: _____ DATE: _____

Authorizing this change
(Parent/Guardian MUST sign for Minor)

PLEASE SUBMIT CHANGES IN WRITING TO TRIBAL OFFICE, TO office@resighinirancheria.com.

OFFICE USE ONLY			
Enrollment Record Updated	<input type="checkbox"/>	Date: _____	Initials: _____
Fiscal Record Updated	<input type="checkbox"/>	Date: _____	Initials: _____