

Hoop Valley Tribe
CHANGE OF ADDRESS FORM

ROLL # _____ NAME: _____

MAIDEN NAME: _____
OLD ADDRESS: _____

NEW ADDRESS: _____

PHONE NO: _____

Minors: (list the full name and roll numbers of all MINOR members below who are affected by this change of address).

Roll No. #	_____	Name:	_____
Roll No. #	_____	Name:	_____
Roll No. #	_____	Name:	_____
Roll No. #	_____	Name:	_____
Roll No. #	_____	Name:	_____

HOOPA RESIDENTS ONLY: (PLEASE CIRCLE THE DISTRICT THAT YOU LIVE IN)
Campbell Field Agency Soctish/Chenone Bald Hill
Norton Field Hostler/Matilton Mesket Field

SIGNATURE: _____
AUTHORIZING THIS CHANGE OF ADDRESS _____ DATE . _____

PLEASE SEND A COPY TO: ELECTION PER CAP ENROLLMENT ADMIN. FILE

PLEASE SUBMIT CHANGES IN WRITING TO: Hoopa Valley Tribal Council
Attn: Records Clerk
Post Office Box 1348
Hoopa, CA 95546

Phone: (530) 625-4211
FAX: (530) 625-4594