

MICKEY GEMMILL  
Tribal Chairperson

Lawrence Cantrell  
Vice-Chairperson

Faith Santillan  
Tribal Secretary



Pit River Tribe  
36970 Park Ave  
Burney CA 96013

Phone: 1(530) 335-5421  
Fax: 1(530) 335-3140

**ELEVEN AUTONOMOUS BANDS**

ATWAMSINI

HEWISEDAWI

**Pit River Tribe  
Change Of Address Form  
(Please Print)**

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ :

Date of Birth \_\_\_\_\_ Band or Roll# \_\_\_\_\_ :

ASTARIWI

ILMAWI

**OLD ADDRESS**

Mailing Address: \_\_\_\_\_ :

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ :

ATSUGEWI

ITSATAWI

**NEW ADDRESS**

Mailing Address : \_\_\_\_\_ :

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ :

PHYSICAL Address \_\_\_\_\_ :

PHONE NUMBER: \_\_\_\_\_ TYPE OF # \_\_\_\_\_ :

APORIGE

KOSEALEKTE

List all minors who are affected by this Change of address

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AJUMAWI

HAMMAWI

Thank you for taking time to fill out this form .I Hereby declare that this is the most recent Mailing Address.

Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Office use: Enrollment Verified \_\_\_\_\_ Not Enrolled \_\_\_\_\_

Staff Signature \_\_\_\_\_ DATE \_\_\_\_\_