

**PIT RIVER TRIBE**

36970 Park Ave

Burney CA 96013

Toll Free 1-877-279-9097



**ENROLLMENT DEPT.**

Phone (530) 335-5421

[secretary@pitrivertribe.org](mailto:secretary@pitrivertribe.org)

[enrollmentassistant@pitrivertribe.org](mailto:enrollmentassistant@pitrivertribe.org)

**Ajumawi Aporige Astarawi Atsugewi Atwamsini Hammawi Hewisedawi Illmawi Itsatawi Kosealekte Madesi**

Agnes Gonzalez  
Tribal Chairperson

Ida Riggins  
Tribal Vice Chairperson

Jolie George  
Tribal Secretary

Brandy McDaniels  
Tribal Treasurer

Andrew Mike  
Sergeant at Arms

**Change of Address Form**

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

**Date of Birth:** \_\_\_\_\_ **Enrollment Roll #:** \_\_\_\_\_

**NEW ADDRESS**

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

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

**Physical Address:** \_\_\_\_\_

**OLD ADDRESS**

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

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

**Physical Address:** \_\_\_\_\_

**LIST ALL MINORS who are affected by this Change of Address**

Child's Name:

Date of Birth:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**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?  Yes  No**

**(Staff)Print:** Anika Shover **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(530) 335-5421 X 2021

**(Staff)Print:** Jolie George **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(530) 335-5421 X 2020