



BISHOP PAIUTE TRIBAL OFFICE

CHANGE OF ADDRESS REQUEST

Change of Address

* Change Name

NAME: _____

(Print First Name, MI, Last Name)

NEW NAME: _____

New Address: _____

City, State & Zip: _____

Phone Number: _____

E-Mail Address: _____

Social Security Number: XXX-XX- _____ (Last four digits)

Signature: _____ Date: _____

***NAME CHANGE – PLEASE PROVIDE NEW SOCIAL SECURITY CARD & NEW DRIVERS LICENSES/ID**

**Your Children under 18 whose address will change
Please include last four digits of social security number for all children listed.**

Print First, Last Name: _____

Please check all boxes that apply

Water & Sewer List Assignment Holder _____

Tribal Distributions/ 1099's

Payroll/ W-2's

Enrollment

Newsletter

Minor Trust Account