

The Confederated Tribes of the Colville Reservation Enrollment Department



Address Change Form

Tribal Member Name	
Maiden Name:	Enrollment #
Date of Birth://	Phone Number: ()
Name of Non-Enrolled Parent (if applicable):	
Current Address.	
Physical Address:	
Within Reservation Boundaries: Yes No Voting District: Permanent ChangeTemporary Change: Payment:	
Signature.	Date:
PLEASE NOTE: FORM MUST BE COMPLETE TO PROCESS THE REQUEST. EACH SECTION MUST BE COMPLETED.	
NOTARY CERTIFICATION	
State of)
County of	
Signed before me on	(seal)
Notary:	
Residing:	My Commission expires on:

Return to: Enrollment Department PO Box 150

Nespelem, WA 99155

Ph: 509-634-2830 Fax: 509-634-2874

(Form updated: 7/7/2009)