SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY
INFORMATION CHANGE FORM

☐ Name Change (3) ☐ Address Change (4) ☐ Telephone Change (6)

1. Name of Tribe and Tribal ID Number: _____

2. Name: (Type or Print):

First Name _____ Middle Name _____ Last Name (Include Jr. or Sr.) _____

Date of Birth _____ Social Security Number _____

3. New Name (Type or Print):

First Name _____ Middle Name _____ Last Name (Include Jr. or Sr.) _____

PLEASE ATTACH LEGAL DOCUMENTATI0N OF NAME CHANGE BY COURT ORDER OR BY MARRIAGE LICENSE OR DIVORCE DECREE

4. New Mailing Address: _____
Street Address or Post Box

City _____ State _____ Zip Code _____

Email Address (if Applicable): _____

5. Alternate Mailing Address: (Family Member or Friend):

_____
Street Address or Post Box

City _____ State _____ Zip Code _____

6. New Phone Number(s): Home: ( ) _____
Cell: ( ) _____

_____ Dated: _____
(Signature of Person named in Question 2)

☐ By checking this box, I agree that the SRPMIC Government staff may contact me about land, rights of way, and other matters related to my land or other Government activities.

☐ By checking this box I agree that all minor children in my care will have their address changed and updated through this single action. Please list minors below.

Name of Minor D.O.B. _____ Name of Minor D.O.B. _____ Name of Minor D.O.B. _____

Name of Minor D.O.B. _____ Name of Minor D.O.B. _____ Name of Minor D.O.B. _____

If you have questions or need further information, please call the SPRMIC Community Development Department at (480) 362-7600.

Date Received by SRP-MIC – CDD/MRPM Team: _____ Date Entered in Landowner Database:

LEASE