



Stockbridge-Munsee Community

Enrollment Department

CHANGE OF ADDRESS REQUEST FORM

Change of Address:

This form is for enrolled tribal members to request a change of address; incomplete & verbal requests will not be processed.

INSTRUCTIONS:

- Please complete the information below, type or print legibly and sign & date form.
- Acceptable signatures include: enrolled tribal member, parent of enrolled minor child, and Power of Attorney/Legal Guardian (must include documentation of POA/Legal Guardian).

Mail or Fax form to: Stockbridge-Munsee Community Enrollment Department

Fax: (715) 793-1307 P.O. Box 70, Enrollment Office, Bowler, WI 54416

MEMBER INFORMATION

| | | | |
|-----------------------|---------|--------------------|---------------------------|
| Effective Date: | | Enrollment Number: | Birth Date: |
| Last Name: | Suffix: | First Name: | Middle Name: |
| Primary Phone Number: | | Cell Phone Number: | Email Address (optional): |

Enrolled Minor Child(ren) Information: Complete the information below for your enrolled minor child(ren) if applicable.

| Last Name | First Name | M.I. | Birth Date |
|-----------|------------|------|------------|
| | | | |
| | | | |

ADDRESS INFORMATION

OLD Address

| | | |
|-------------------------|--------|--------------|
| Street Number and Name: | | Apt. Number: |
| City: | State: | Zip Code: |

NEW Address

| | | |
|-------------------------|--------|--------------|
| Street Number and Name: | | Apt. Number: |
| City: | State: | Zip Code: |

RELEASE OF INFORMATION

I give the Enrollment Department permission to release this information to the following:

- Stockbridge-Munsee Finance Mohican News Stockbridge-Munsee Health & Wellness Center

SIGNATURE

I verify the information provided on this form is true & correct.

| | |
|---|-------|
| Signature of Member or Parent/POA/Legal Guardian: | Date: |
|---|-------|

Stockbridge-Munsee Community

Land & Enrollment Department Phone:

(715) 793-4677/ (715)793-4671/

(715)793-3049

Fax: (715) 793-1307

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