

Little River Band of Ottawa Indians Enrollment Department 2608 Government Center Drive Manistee, Michigan 49660 (231) 723-8288 Fax (231) 398-6751

## ADDRESS CORRECTION FORM FOR ENROLLMENT

Completing this form will officially change the address at which you are currently listed in Tribal records and for all Tribal Department program mailing purposes. Address corrections are generally effective in the month following the receipt of the completed and signed form in the Enrollment Department. If you have any questions, please contact the Enrollment Office.

Name					
First	Middle Last			Former Last Name	
Membership#	SS#		Date of Birth		
New Address					
. Physical Addı	ress (Where you liv	е)			
Address					
City		State	Zip	County	
I. Mailing Addres	s (Where you want	your mail to go)			
Address					
City		State	Zip	County	
Home Phone # (	)				
			Country		
I certify that the abo result of filing false		true. I understand	that penalties m	ay be incurred as a	
Date	Tribal M	Tribal Member's Signature			
I,		, a Notary Public fo	or the State of		
County of		, do hereby certify	/ that	going instrument as the abo	
named person acknowle					
Subscribed and sworn t				Year	
	<del></del>	0			
	Not	tary Public My Commission I	Expires		