



BEAR RIVER BAND of ROHNERVILLE RANCHERIA
266 Keisner Road, Loleta, CA 95551, 707-733-1900, FAX 707-733-1723

Address Change Request

The undersigned releases and holds harmless the Bear River Band of Rohnerville Rancheria from any litigation that may arise from the request for address change(s) other than for myself. Further, if applicable, I request and authorize the change of address on behalf of my enrolled minor child(ren) to be the person designated below. By signing this release of liability, I also certify that I am the adult biological Tribal Member parent (or court documented adoptive parent/guardian) of the listed minor Tribal Member child.

Signature (Required)

Date

Printed Name as it appears on the Tribal Roll

Roll Number

Phone Number

I request that my address be changed to the following:

Address _____

City _____ State _____ Zip Code _____

Member Signature Required _____

I request that my minor child's address be changed to the following:

Child's Name _____ Roll # _____

C/O _____ Relationship _____

Address _____

Member Signature Required _____

*****NOTE: One form required for each individual address change*****