

Grand Traverse Band of Ottawa and Chippewa Indians

Revenue Department

CHANGE OF ADDRESS FORM

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone #(\_\_\_\_) \_\_\_\_\_ Social Security# \_\_\_\_\_ Tribal ID # \_\_\_\_\_

Previous Address:

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NEW HOME ADDRESS (Physical Address – No P.O. Box # allowed)

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NEW MAILING ADDRESS (If different than Physical Address)

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify that all information is true and accurate to best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Attach a copy of your **driver's license** that shows your new current address (front and back if necessary) and attach another document with your new address. If you are a minor, submit a copy of your driver's license or tribal identification and a copy of your school record (that shows your new address). All others please contact the Revenue Department at (231) 534-7130 for other acceptable documentation for proof of residence. Send your completed form to:

Revenue Director  
Grand Traverse Band of Ottawa and Chippewa Indians  
2605 N. West Bayshore Drive  
Peshawbestown, MI 49682