

Grand Traverse Band of Ottawa and Chippewa Indians
Revenue Department

CHANGE OF NAME FORM

Previous Name:

Last Name _____ First _____ MI _____

New Name:

Last Name _____ First _____ MI _____ Date of Birth _____

Phone #(____) _____ Social Security# _____ Tribal ID # _____

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

Street _____

City _____ State _____ Zip _____

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 name and current address (front and back if necessary) and attach documentation to verify your name change. Please contact the Revenue Department at (231) 534-7130 for acceptable documentation or any questions. Send your completed form to:

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