



ELECTIONS DEPARTMENT
 Confederated Tribes of the Colville Reservation
-ADDRESS CHANGE FORM-



Name: _____

Date of Birth: _____ Enrollment #: _____

Phone: _____ Effective Date: _____

CURRENT ADDRESS: _____

NEW ADDRESS: _____

VOTING DISTRICT: _____

SIGNATURE: _____

RETURN TO:
 Elections Department
 P.O Box 1150, Nespelem, WA 99155

PHONE: (509) 634-2121
 FAX: (509) 634-2152

Note: This form will only update your address in the Elections Department.

OFFICE USE ONLY:

_____ New Voter	
_____ Voting Member verified	Date Received: _____
_____ Address Verified	Election Staff: _____
_____ Voting District Verified	Date Entered: _____
_____ Signature Verified	Date Filed: _____

Notes: _____
