



**KASHIA BAND OF POMO  
INDIANS OF THE  
STEWARTSPPOINT RANCHERIA**

**1420 Guerneville Rd, Suite 1  
Santa Rosa, Ca 95403**

**ADDRESS CHANGE  
PLEASE PRINT CLEARLY**

**Dear Tribal Member:**

If you have a change of address, you must return this Form to ensure that the Tribe has proper documentation of your correct personal information.

**Name:** \_\_\_\_\_

**OLD Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**NEW Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Last four digits of Social Security Number of Tribal Member to verify identity:** \_\_\_\_\_

**List all Tribal Member minors living at this address with you:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All information provided is CONFIDENTIAL and will not be released to other Tribal Members. YOU CAN FAX YOUR FORM TO 707-591-0583 OR email to [reception@stewartspoint.org](mailto:reception@stewartspoint.org)

OFFICE USE ONLY: The above information has been entered into the Progeny & AccuFund systems.

\_\_\_\_\_ Fiscal \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Administration \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_