



The Confederated Tribes of the Colville Reservation
 Elections Department
 Address Change Form



Name: _____

Date of Birth: _____ Enrollment#: _____

Phone#: (____) _____

Mailing Address: _____

Physical Address: _____

Voting District: _____

Signature: _____ Date: _____

Return to: Elections Department
 P.O. Box 1150, Nespelem, WA 99155

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

OFFICE USE ONLY	Date Received: _____
Date Entered: _____	Election Staff: _____