


***Pyramid Lake Paiute Tribe  
Enrollment Committee***

*Post Office Box 256 Nixon, NV 89424  
Tel: 775.574.1000. Ext. 1115 Fax 775.201.1941*



At this time, we are working hard to handle the number of phone calls and emails regarding the address updates for the upcoming May Payment. All calls will be returned as soon as possible and all address changes received by the May 22<sup>nd</sup> deadline will be input.

If you are able to download the address change form from the Tribal website and email to [jshaw@plpt.nsn.us](mailto:jshaw@plpt.nsn.us) or fax the form to 775.574.1008 Or 775.201.1941 it would be appreciated.

For local Tribal Member's address change forms are available at the door of the Tribal Office with a drop box for your convenience.

Address update forms will be placed in the Post Office in Wadsworth and Nixon also in the Enterprise Stores.

Also if your address has not changed since the last 2018 distribution the upcoming check will go the that address.

***Thank you for your patience and understanding at this time!***



*Pyramid Lake Paiute Tribe of Nevada*  
**Pyramid Lake Tribal Enrollment Office**  
 PO Box 256, Nixon, NV 89424

**ENROLLED MEMBER ADDRESS UPDATE FORM**

**SECTION 1: MEMBER INFORMATION**

ROLL #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(PLEASE PRINT)

Member Name: \_\_\_\_\_  
 LAST FIRST MIDDLE MAIDEN (IF ANY)

Home Address: \_\_\_\_\_  
 Street Apt. # City State Zip Code

Mailing Address: \_\_\_\_\_  
 Street or PO Box Apt. # City State Zip Code

County of Residence: \_\_\_\_\_

- \*Is the enrolled member Head of Household?  Yes  No
- \*Is the enrolled member a Veteran?  Yes  No If yes, which branch? \_\_\_\_\_
- \*I authorize the Pyramid Lake Paiute Tribe to release this info to the PL Veteran's Office:  Yes  No

E-Mail Address: \_\_\_\_\_ (Please **print** as it should appear when used)

\*I authorize the Pyramid Lake Enrollment Office to release my mailing address for the following:

- Tribal Mailings  Home  Tribal Newspaper  Home

If you would like any of the above mailings sent to your home address, please check HOME to the right of the box.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION 2: MEMBER SIGNATURE**

I, THE UNDERSIGNED, UNDER PENALTY OF PERJURY, DEPOSE AND SAY THAT ALL OF THE INFORMATION IN SECTION ONE IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- Check this box if the person signing above is the assigned Power of Attorney (POA) or Guardian of the enrolled member.  
**PLEASE CONTACT THE PYRAMID LAKE TRIBAL ENROLLMENT OFFICE WITH ANY QUESTIONS.**

**SECTION 3: ENROLLED MINOR CHILDREN INFORMATION**

Please list your enrolled minor (under age 18) children's information so we can update their address:

<u>Name</u>	<u>Birth Date</u>	<i>or</i>	<u>Roll #</u>