

# Change of Address Form

Mail to: PTN Enrollment Dept PO Box 288 Niobrara, NE 68760 Fax: 402-857-3771

HEAD OF HOUSEHOLD MUST BE AN ENROLLED PONCA TRIBE MEMBER

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OTHER ENROLLED PONCA TRIBE MEMBERS IN HOUSEHOLD:

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PREVIOUS ADDRESS: (Street/P.O. Box, Apt #, City, State, Zip, County)

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NEW ADDRESS: (Street/P.O. Box, Apt #, City, State, Zip, County)

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PHONE NUMBER: \_\_\_\_\_

ALTERNATE/CELL NUMBER: \_\_\_\_\_

E-mail: \_\_\_\_\_

DATE NEW ADDRESS IN EFFECT: \_\_\_\_\_

To provide better services to Ponca tribal members, this information will be shared with all PTON Departments as needed. Any service may be suspended until this information is corrected and/or updated.

\_\_\_\_\_  
SIGNATURE REQUIRED

\_\_\_\_\_  
DATE