



SNOQUALMIE INDIAN TRIBE
TRIBAL SERVICES DEPARTMENT
CHANGE FORM

PLEASE FILL OUT IF CHANGES HAVE OR WILL OCCUR AND TURN INTO THE OFFICE WITHIN 7 BUSINESS DAYS.

Tribal Member Name: _____

Phone Number: _____

Email: _____

Please check one and provide all supporting documents:

Address Change: _____
(W-9 and lease required)

Income Change: _____
(new documentation required)

Household Size Change: _____

Unemployment Change: _____

Court & ICW Status Change: _____

Other: _____

Signature: _____ Date: _____

SEND FORMS TO THE TRIBAL SERVICES DEPARTMENT AT:

MAIL: PO BOX 969 SNOQUALMIE WA 98065

FAX: 206-202-4535

GENERALRESOURCES@SNOQUALMIETRIBE.US