

Change of Address Form

Mail to: PTN Enrollment Dept PO Box 288 Niobrara, NE 68760
Fax: 402-857-3771 or enrollment@poncatribе-ne.gov

ENROLLED PONCA TRIBE MEMBER REQUESTING ADDRESS CHANGE:

OTHER ENROLLED PONCA TRIBE MEMBERS IN HOUSEHOLD:

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

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

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