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 22nd 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 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!
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:

Name ________________ Birth Date ________________ or ________________ Roll # ________________