

TOHONO O'ODHAM NATION

ELECTIONS OFFICE

P.O. Box 837 • Sells, Arizona 85634 Phone (520) 383-8709 • Fax (520) 383-8228

REGISTERED VOTER INFORMATION:

| Name: | | | Suffix: | | |
|--|----------------------|---|--|------------------|--|
| Community: | | | District: | | |
| Enrollment #: | Date of Birth: | | Phone #: | | |
| PLEASE CHECK THE APP | | | DE THE INFORMATION RE | QUESTED: | |
| Updated address: | O. D / St 4 | | C'a 18th 18th | | |
| _ | O. Box / Street | | City / State / Zip | | |
| NAME CHANGE UF | PDATE | | | | |
| I, First Name | Middle Initial | Last Name | | registered voter | |
| in the | | District, in the comm | unity of | | |
| I wish to change my name on the Official First Name | | of Registered Voters t Middle Initial | Last Name Suffix | | |
| This name change is based | on the following. | | | | |
| Marriage | Div | vorce | Legal Name Change | | |
| _ | rize the Elections (| Office to confirm my | ne. Further, I avow that the in enrollment with the Nation's | | |
| Date | rate | | Signature | | |
| ELECTION OFFICE US | E ONLY: | | | | |
| Date received by Elections Office: | | | By: | | |
| Date Change entered: | | | By: | | |