

**FOR ALL CHANGES AND/OR UPDATES  
PLEASE PRINT OR TYPE IN THE FOLLOWING INFORMATION**

Name of Tribe: \_\_\_\_\_

Self-Governance Consortium: \_\_\_\_\_

BIA Regional Office: \_\_\_\_\_

BIA Agency Office: \_\_\_\_\_

Title of Tribal Leader:  
(i.e., Chairman, President, Governor) \_\_\_\_\_

Name of Tribal Leader: \_\_\_\_\_

Term of Office - Expiration Date:  
(Month/Year) \_\_\_\_\_

Name of Tribal Governing  
Body: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Person Submitting Changes:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE MAIL OR FAX COMPLETED FORM TO:

DIVISION OF TRIBAL GOVERNMENT SERVICES  
ATTN: DAISY WEST  
BUREAU OF INDIAN AFFAIRS  
1849 C STREET, NW, MS-320-SIB  
WASHINGTON, DC 20240

FAX: (202) 219-2327