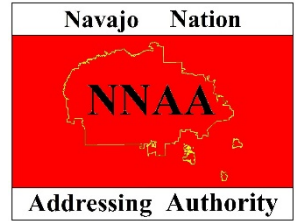




Navajo Nation Addressing Authority
 PO Box 1904; Window Rock, AZ 86515
 Phone: (928) 871-7091/7157 & Fax: (928) 871-7189
 Website: www.nnaa.nndcd.org
 Email: rstagaban@nndcd.org



CONTACT INFORMATION FOR PHYSICAL ADDRESS VERIFICATION (PAV):

Have you or anyone received a letter from this office before? If YES, their name & when: _____

Date & Time: _____ (We receive requests as they are submitted & used it to check status on request)

Name: _____
 First **MI** **Last**

Mailing Address: _____
 (City) **(State)** **(Zip)**

Physical Address: _____
 (General Location of Your Home)

(If no home or cell phone, please enter: N/A)

Home (Landline) No.: (_____) Cell No.: (_____)

Email Address: _____ *(To email a digital PDF copy of letter. If none, N/A)*

What **Chapter Service Area** do you **Vote** in? _____

What will this verification be used for? Please specify. _____
(Ex. School, Work, State ID/Driver's License, Vehicle Registration, Bank Loan, Auto Loan, Voter's Registration, State Tax, etc.)

MUST Provide Required Credential Documents; otherwise, it will be put into Pending Status: (X)

- Driver's License or Picture ID w/ your name *(Work, School, Expired, Suspended, Temporary, etc.)* _____
(If no type of ID is available, please produce a Certificate of Birth)
- Utility bill or equivalent document verifying service address _____
(For those that reside with a relative or friend(s) and don't have their name on a utility bill, your name does not have to be on the bill; we need to see the Service Address on the bill where you reside)
- Certificate of Indian Blood (CIB) _____
- County or Tribal Voter's ID/Registration _____
- Faxed/Xeroxed copies **MUST** be visually clear and clean
- NO SOCIAL SECURITY CARD(S) WILL BE ACCEPTED OR NEEDED**

TELL US YOUR STRUCTURE'S DESCRIPTION (below):

	(X)	Color of Structure & Roof	Type (Framed, Stucco, etc.)
Mobile Home: (Single/Double)	_____	_____	_____
House (Rental/NHA/Single Family)	_____	_____	_____
Building (Commercial)	_____	_____	_____
Hogan	_____	_____	_____
Other (Duplex, Apt., etc.)	_____	_____	_____

Please Draw/Describe Site Location (Specific Instructions of Drawing) on backside of page.

(For NN Addressing Authority Staff Only)

FIELD/OFFICE/FAX/EMAIL DATE: _____ STAFF: _____

COORDINATES: (LAT) _____ (LONG) _____

FDC Mapping Tool: (Date) _____ (Which LRAC?) _____

Walk-in: ___ Picked Up: ___ Mailed: ___ Email: ___ Faxed-Out: ___ When: _____

*Please provide main road/highway name and number along with any Mile Marker and be very detailed as possible. You are welcome to provide Latitude & Longitude coordinates as well. Please use the “N” for North when orientating and drawing your map and **do not** turn page upside down; the top of page is always NORTH. ↑



Any additional information/directions: _____

For only other family member(s) that need a Physical Address Verification letter, they **MUST** also provide their Full Name and required ID/CIB/Certificate of Birth (for minors) as well: _____