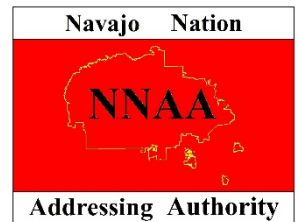




Navajo Nation Addressing Authority
PO Box 1904; Window Rock, AZ 86515
Phone: (928) 871-7091/7157 & Fax: (928) 871-7189
Website: www.nnaa.nndcd.org
Email: rstagaban@nndcd.org



CONTACT INFORMATION FOR PHYSICAL ADDRESS VERIFICATION (PAV):

Date: _____

Name: _____
 First MI Last

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

Physical Address: _____
 (General Location of Your Home)

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

Email Address: _____ (To email a digital PDF copy of letter.)

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

Are there any other addresses under your name? NO: ___ YES: ___ (If yes, please fill in below)
 Address: _____ Road/Highway Number: _____
 City: _____ State: _____ Zip Code: _____
 Chapter: _____ County: _____

Additional Documents to be copied: **(X)**
 Valid State Driver's License or Picture ID **(ID Required)** _____
 Utility Bill or equivalent document verifying service address _____
 Certificate of Indian Blood (Optional) _____

DESCRIPTION OF STRUCTURE:
 (Circle One) (X) Color (Structure/Roof) Type (Framed, Stucco, etc.)
 Mobile Home: (SWT/DWT) _____
 House (residential) _____
 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 VISIT DATE: _____ STAFF: _____

COORDINATES: (LAT) _____ (LONG) _____

GIS MAP UPDATE: _____

MSAG/DATA UPDATE: _____

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

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

*Please provide main road/highway name and number along with any Mile Marker and be very detailed as possible. You welcome to provide Latitude & Longitude coordinates as well.

N

Any additional information: _____

Additional family member names for Physical Address Verification request (if live under same household: _____