



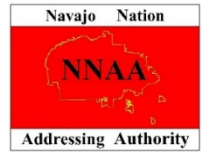
Navajo Nation Addressing Authority

PO Box 1904; Window Rock, AZ 86515

Phone: (928) 871-7091 / 7157 / 6093 & Fax: (928) 871-7189

Website: www.nnaa.nndcd.org

Email: info-nnaa@nndcd.org or nscott@nndcd.org



Is this a:

New Update Add-On

CONTACT INFORMATION FOR PHYSICAL ADDRESS VERIFICATION (PAV):

*Has anyone in your home received a document from this office before? If YES, list their name & date here:



*WHY Do You Need a Verification Document? Please Be Specific.

(Ex. School, Work, State ID/Driver's License, Vehicle Registration, Bank Loan, Auto Loan, Voter's Registration, State Tax, etc.)

Date of this Application Request: Time: AM / PM

Full Name: FIRST MI LAST (Sr., Jr., III, etc.)

Mailing Address: (PO Box # | HCR # Box # | General Delivery, etc.) (City) (State) (Zip)

Physical Address: (General Description or Location of Your Home or NM Residences Rural Address House #)

PLEASE MAKE SURE THE PHONE NUMBERS ARE ACTIVE AND WORKING (If no home or cell phone, please enter: N/A)

Home (Landline) Phone #: Your Cell/Mobile #:

Friend/Relative's Cell/Mobile or Msg #:

Your Email Address:

Are you a Registered Chapter Member/Voter? Yes No

If yes, what Chapter? If no, are you a Minor (Under 18) or a unregistered Chapter member/voter or non-native?

For Auto Loans, please provide your dealer's email address: , so that we can send the document to them on your behalf.

For Family Members:

Must be from the same residence. Only those that need a Physical Address Verification document (not all will need one) and MUST also provide their credentials as well (see list).

List as: First Middle Last Name / Relationship / Chapter Affiliation / Cell Phone / Email Address

- 1.
2.
3.
4.
5.
6.
7.

(For NN Addressing Authority Staff Only)

IN-TAKE DATE: STAFF: Plus Code:

COORDINATES: (LAT) (LONG)

FDC Mapping Tool Input Date: Which Chapter is home located?

Incoming: Walk-in/Drop Off: Faxed: Emailed: Mailed:

Outgoing: Picked Up: Faxed: Emailed: Mailed: When:

***Please Describe Your Structure You Reside In ***

TELL US YOUR RESIDENT STRUCTURE'S DESCRIPTION (below):

(X) (Circle the type: ↓) What is the color of your exterior structure and color of your roof:

- Mobile Home: (Single or Double) _____
- House (Rental/NHA/Single Family-House) _____
- Hogan (With or Without Additions) _____
- Building (Commercial/Business) _____
- Other (Duplex, Apt., RV, etc.) _____

***Please provide Main Road/Highway Name(s) and Number(s) along with any Mile Marker/Post and be very detailed as possible. You may provide Latitude & Longitude coordinates. Please use the "N" for North when orientating and drawing your map. Please **DO NOT** turn page upside down. The top of page is always **NORTH**.**



Please enter your GPS Coordinates:
Lat: _____
Long: _____
Or Plus Code: _____

Any additional information/directions: _____

