THE HOPI TRIBE

Hopi Solid Waste Management Program Staff _____

P.O. Box 123 Kykotsmovi, AZ. 86039 (928) 836-2323/2322

HSWMP Address/Household/Information Change Form

Status Change: CHECK ALL THAT APPLY

Marital Change: ☐ Marital Status (Married/Single/Divorced): _____

Add on/Authorized Person (s): ☐ Name of Authorized Person (s): _____

Deceased: ☐ Name of Deceased: _____

Change in Household Size: ☐ # in Household: _____

Name Change: ☐

Customer Name: _____ Current Account #: _____

New Customer Name: _____

Maiden or Other Names Used: _____

Address Change: ☐ New Address: _____

Phone # change: ☐

Home Number: _____ Cell Number: _____

Work Number: _____ Email: _____

INFORMATION REQUESTED/NEEDED

Marriage License: ☐ Divorce Decree: ☐ Death Certificate: ☐

Letter of Changes: ☐ Other: ☐

Account Holder Signature: _____ Date: _____

New Customer Signature: _____ Date: _____

Print Name: _____ Date: _____