Lukachukai Chapter
Post Office Box 248
Lukachukai, Arizona 86507
Phone: (928) 787-2500 Fax: (928) 787-2332
Email: lukachukai@navajochapters.org

_____ New _____ Update

CONTACT INFORMATION FOR PHYSICAL ADDRESS VERIFICATION

***Has anyone in your home received a letter from this office before? ___Yes ____No,**

If YES, list their name & date here: _____

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

Mailing Address: _____
(PO Box #; HCR # Box #; General Delivery) (City) (State) (Zip)

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

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

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

Spouse/Friend/Relative's Cell/Mobile Msg #: (_____)_____ Who's Phone?_____

Your Email Address: _____ Other email: _____

Do you Vote? _____ Yes or _____ No. If Yes, what Chapter? _____
If No, are you a _____ Minor (Under 18) or _____ a non-voter?

***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, etc.)

MUST Provide the top 2 of the 5 Required Credential Documents:
_____ State Issued Driver's License w/ Physical Address
_____ State Issued Identification Card w/ Physical Address
_____ Utility Bill (w/ in last 2 months) w/ Physical Address
_____ County Voters Registration Card w/ Physical Address
_____ Direct TV / Dish Network Bill w/ Physical Address
_____ Cell Phone Bill w/ Physical Address
_____ Vehicle Insurance Card w/ Physical Address
*Faxed/Xeroxed copies **MUST** be visibly clear and clean and not black or fuzzy*

TELL US YOUR STRUCTURE'S DESCRIPTION (below):
(X) (Circle the type) What is the color of your resident structure and color of your roof:
_____ Mobile Home: (Single or Double) _____
_____ House (Rental/NHA/Single Family-House) _____
_____ Building (Commercial/Business) _____
_____ Hogan with or without Additions _____
_____ Other (Duplex, Apt., RV, etc.) _____