



Lukachukai Chapter

P.O Box 248 Lukachukai, Arizona 86507

Ph# (928)787-2500 Fax# (928)787-2332

Email: lukachukai@navajochapters.org

___ New ___ Update

CONTACT INFORMATION FOR PHYSICAL ADDRESS VERIFICATION

(MUST PROVIDE 2 FORMS OF DOCUMENTS: ONE W/ PHYSICAL ADDRESS AND ONE W/ MAILING ADDRESS)

Name: _____
(First) MI (Last)

Mailing Address: _____
(P.O Box, HCR #, Box #, General Delivery) (City) (State) (Zip)

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

Home Phone #: (____) ____ - ____ Cell/Mobile#: (____) ____ - ____
(If No Home or Cell Phone, Please Enter (N/A))

E-Mail Address: _____

Do You Vote: ___ YES ___ NO If Yes, What Chapter? _____

If No, Are you a minor ___ OR ___ Non- Voter

***Why are you needing Verification of Proof of Residency? (Please be specific):

(Ex: School Enrollment, State ID/Driver Licenses, Vehicle Registration, Bank Loan, Auto Loan, Voter Registration, etc.)

MUST PROVIDE 2 OF THE 5 REQUIRED Credential with a Physical Address & Mailing Address:

(Place X Below)

- ___ State Issued Driver's License
- ___ Sate Issued Identification
- ___ Utility Bill
- ___ County Voters Registration Card
- ___ Direct TV/Dish Network Bill
- ___ Cell Phones Bill
- ___ Vehicle Insurance Card

** Faxed/Xerox copies MUST be Visibly clear and clean**Not Black or Fuzzy**

TELL US YOUR STRUCTURE'S DESCRIPTION (Place X Below):

What is the color of your resident structure and color of your roof: _____

- ___ Mobil Home: ___ Single OR ___ Double _____
- ___ House (Rental/ NHA/Single Family House) _____
- ___ Building (Commercial /Business) _____
- ___ Hogan with OR without Additions _____
- ___ Other (Duplex, Apt., RV, etc.) _____