

Navajo Nation Addressing Authority

PO Box 1904; Window Rock, AZ 86515 Phone: (928) 871-6093 & x-7091 Website:

www.nnaa.nndcd.org

Add-On Email: nscott@nndcd.org; nnaa-info@nndcd.org



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| CONTACT INFORMATION | FOR PHYSICAL | ADDRESS V | EKIFICATION | (FAY). |
| CONTACT INFORMATION | 10111110107 | | C. Hat their name | & data h |

*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 LAST (Sr., Jr., III, etc.) Mailing Address:

(PO Box # | HCR # Box # | General Delivery, etc.) (City) 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 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 (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 *

| (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. | | | | |
| N | | | | |
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| | | | | |
| Please enter your GPS Coordinates: Lat: Long: Or Plus Code: | | | | |
| Any additional information/directions: | | | | |
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Click here for the PDF application

Please provide one of each documentation in the following list with the application. With the high volumes of request we will send it to your Email Address or Mailing Address.

| Navajo Nation Rural Addressing Authority |
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| P.C. Box 1904 |
| Window Rock, AZ. 86515 |
| www.nnae.nnd.cd.ont |
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| Documents necessary for Physical Address Verification Process |
| |
| Documents Needed: |
| AState Issued Driver's License |
| AState issued Driver's Leanner State Issued Identification Card |
| Navajo Nation identification Card |
| Employee Identification Card |
| Military Issued Identification Card |
| Gov't Issued Motor Vahicle Permit Card |
| Starte Drivers History Record w/ photo |
| School identification Card w/ photo |
| State Issued Birth Certificate |
| |
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| |
| BCertificate of Indian Blood |
| Indian Preference Employment Form |
| Navajo Nation identification Card |
| Navajo Nation Voters Registration document |
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| CUtility Bill (w/in lest 2 months) w/ Physical Address |
| Chanter Residency Letter (Present or Past time) |
| County Voters Registration Card w/ Physical Address |
| McKinley Co. Rural Address Certificate |
| Direct TV / Dish Network Bill w/ Physical Address |
| Cell Phone bill w/ Physical Address |
| Vehicle Insurance card w/ Physical Address |
| Medical Record Cover Sheet w/ Physical Address |
| Income Tax Cover Letter w/ Physical Address |
| Rental Lease Agreement Document |
| Bank Statement w/ Physical Address |
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PDF application can be scanned/emailed or faxed. Scan your application and your supporting credentials and email to the email address on top of the form. For faxing: fax your application (must have Adobe Acrobat Reader) and include your required credentials as well and Fax to (928) 871-7189.

Addressing Authority office is located North of the NN Police Department next to the NN Fire Department in Administration Building #2; Bldg #2296 on the 2nd Floor. You may enter the Plus Code: MWGV+35, Window Rock, AZ in your phone's Google Map App to show you directions to our building.

