Gila River Indian Community

Department of Land Use Planning & Zoning

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ADDRESS APPLICATION

NAME OF LAND OWNER/LEASER: ______________________

NAME OF GRIC DEPARTMENT/BUSINESS: ______________________

ADDRESS FOR:

☐ **LOT WITHIN A TRIBAL SUBDIVISION:**
SUBDIVISION NAME & LOT NO: ______________________

☐ **50 – YEAR HOMESITE – TRIBAL LAND** **DISTRICT** ______________________
(Please attach a survey plat)

☐ **ALLOTTED LAND** – Attach a survey plat, Allotment No. and District ______________________

OTHER: ______________________
(This information is required before an address can be issued.)

FORM OF DELIVERY:

☐ Fax Number: ____________ ☐ Email Address: ______________________

☐ MAILING ADDRESS: ______________________

CITY: ____________ STATE: ______ ZIP: ____________ ☐ PHONE: ____________ *(Required)*

PRINT NAME: ______________________

SIGNED: ______________________ DATE: ____________

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FOR OFFICE USE ONLY

Date Received: ____________ LUPZ Staff Receiving: ____________

Administration Approval: ______________________ Date: ____________

Assigned Address: ______________________ Date: ____________

Completed By: ______________________ Date: ____________

Document Released To: ______________________ Date: ____________

Staff Releasing Document: ______________________ Date: ____________