



KAW NATION TAX COMMISSION

ROLL # _____

P.O. Box 50

Kaw City, OK 74641

kawtagoffice@kawnation.com

CHANGE OF ADDRESS/NAME

NAME ON FILE: _____

ADDRESS ON FILE: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE #: _____ EMAIL: _____

NAME CHANGE: _____

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

LIST ALL VEHICLES CHANGES NEED TO BE APPLIED TO:

Owner or Legal Agent: _____ DATE: _____

Owner or Legal Agent: _____ DATE: _____

Kaw Nation Tag Clerk: _____

Tag office use only:

_____ **Driver's License**