



KAW NATION TAX COMMISSION

P.O. Box 50 – 698 Grandview Dr

Kaw City, OK 74641

kawtagoffice@kawnation.gov

ROLL # _____

CHANGE OF NAME/ADDRESS

TRIBAL CITIZENS NAME ON FILE: _____

PHYSICAL ADDRESS ON FILE: _____

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

MAILING ADDRESS ON FILE: _____

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

PHONE #: _____ EMAIL: _____

TRIBAL CITIZENS NAME CHANGE: _____

NEW **PHYSICAL** ADDRESS: _____

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

NEW **MAILING** ADDRESS ON FILE: _____

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

LIST ALL VEHICLES CHANGES NEED TO BE APPLIED TO:

ANY FALSE STATEMENT IN THIS AFFIDAVIT SUBJECTS APPLICANT TO SUCH PENALTY AS PROVIDED BY LAW.

I understand that in order to be exempt from the requirement to purchase an Oklahoma tag, I must reside within the Kaw Nation's Indian Country which includes the following: Kaw Reservation and Kaw Nation Trust Land. I swear (or affirm) that I am a Kaw Nation Tribal Citizen a resident of Oklahoma and principally garage this vehicle within the Kaw Nation's Indian Country. I understand and acknowledge that I am personally responsible for ensuring compliance with all applicable laws of the State of Oklahoma and of the Kaw Nation.

Owner or Legal Agent: _____ DATE: _____

Signatures may be completed manually or electronically

By signing this form electronically, I agree that my signature is the legal equivalent of my manual signature.

Tag office use only:

Kaw Nation Tag Agent: _____

Valid OK ID _____