

KALISPEL INDIAN COMMUNITY OF THE KALISPEL RESERVATION
CONCEALED WEAPON PERMIT CHANGE OF ADDRESS FORM:

Permit holders name: _____

Permit holders date of birth: _____

Permit #: _____

Permit holders new mailing address:

Permit holders new physical address (if different than mailing address):

Permit holders signature

Date

Mail completed form to:
Kalispel Tribal Court
P.O. Box 96
Usk, WA 99180