

# Chamorro Land Trust Commission

P.O. Box 2950 Hagatna, Guam 96932

Phone: 649-5263 Ext. 435

**Name of Applicant:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

## **Request To Change Application Type**

Residential to Agricultural

Agricultural to Residential

## **Request to Change Beneficiary**

***(Must provide documents to show proof of eligibility)***

*(From OLD Beneficiary)*

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

*(To NEW Beneficiary)*

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

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*( Do not sign until in the presence of a Notary Public )*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

\_\_\_\_\_

**Notary Public:** \_\_\_\_\_

(SEAL)

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**APPROVED BY:**

\_\_\_\_\_  
**DAVID V. CAMACHO**  
Deputy Director

**Date:** \_\_\_\_\_