

Mikiko Domoto
16 Union Street
New Rochelle, New York



WASHINGTON, D. C.
OFFICIAL BUSINESS
Permit No. 1036

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300

WAR RELOCATION AUTHORITY

WAR RELOCATION AUTHORITY

CHANGE OF RESIDENCE FOLLOW UP
(Check One)

NAME Mikiko DOMOTO
(First) (Middle) (Last)
SEASONAL (Group) LEAVE _____
INDEFINITE LEAVE _____

MAIDEN OR OTHER NAMES _____ FAMILY NUMBER _____ ALIEN REQ. NO. _____

NEW ADDRESS _____
(Street or Rural Route)
(City) (County) (State)

LAST ADDRESS _____
(Street or Rural Route)
(City) (County) (State)

EMPLOYER'S NAME _____
AND ADDRESS _____

TYPE WORK _____ WRA CENTER _____
ACCEPTED _____

NEED _____ additional cards to report Change of Address for family members

SIGNATURE _____ DATE _____

This will acknowledge the receipt of a departure, arrival or change of address card. The attached form will assist you in fulfilling your obligation to keep the War Relocation Authority notified of other changes in address. Please notify us of any change in your address from that listed on the face of the card. A separate card is required for each person in your family who left a Relocation center. Please indicate the number of additional cards needed.

Dillon S. Myer
Director, W. R. A.

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Mr. Dillon S. Myer, Director
War Relocation Authority
Barr Building
Washington, D. C.