



Walker River Paiute Tribe

1022 Hospital Road • P.O. Box. 220 • Schurz, Nevada 89427

Telephone: (775) 773-2306

Fax.: (775)773-2585

VOTER REGISTRATION REQUEST

I HEREBY REQUEST TO BE REGISTERED TO VOTE BY THE WALKER RIVER PAIUTE TRIBE ELECTION BOARD FOR THE PURPOSE OF VOTING IN THE TRIBAL ELECTIONS ON THE WALKER RIVER INDIAN RESERVATION. I DECLARE THAT I AM 18 YEARS OF AGE OR OVER, OR WILL BE 18 YEARS OF AGE BY:

DATE

NAME

(FIRST)

(MIDDLE/INITIAL)

(LAST)

(MAIDEN)

MAILING ADDRESS:

(STREET NUMBER/PO BOX)

(CITY)

(STATE)

(ZIP CODE)

TELEPHONE NUMBER/CELL:

(AREA CODE)

(NUMBER)

EMAIL ADDRESS:

DATE OF BIRTH:

MONTH/DAY/YEAR

FATHER'S NAME:

(FIRST)

(MIDDLE/INITIAL)

(LAST)

MOTHER'S NAME

(FIRST)

(MIDDLE/INITIAL)

(LAST)

(MAIDEN)

SIGNATURE:

(FOR TRIBAL ENROLLMENT/ELECTION BOARD USE ONLY)

The above listed individual is a member of the Walker River Paiute Tribe

His/Her Tribal Enrollment Number is:

Verified by:

**VOTER REGISTRATION OF
APPROVED BY:
ELECTION BOARD COMMITTEE**

DATE:

SECRETARY SIGNATURE:

PRINTED NAME: