



# Walker River Paiute Tribe

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

Ph: (775) 773-2306

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## 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 AND A TRIBAL MEMBER OF THE WALKER RIVER PAIUTE TRIBE, 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: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(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: \_\_\_\_\_