

To: Walker River Paiute Tribe
Election Board
P.O. Box 130
Schurz, NV 89427

Office Location: 1022 Hospital Road
Email Address: electionboard@wrpt.org
Telephone Number: 775-73-2306, Ext. 2349

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: _____.

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)

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: _____