SOBOBA TRIBAL GAMING COMMISSION

Division of Backgrounds and Licensing

PO Box 610 * San Jacinto, CA 92581 * (951) 665-1000 * Fax (951) 487-0042

CHANGE OF ADDRESS AND LIVING SITUATION FORM

Name: _____

New Physical Address: _____
Street City State Zip

Phone #: _____ Social Security #: _____ Date of Birth: _____

Gaming License #: _____ Employee #: _____

Do you have any person(s) residing with you that work at Soboba Casino or a Gaming related facility? YES ( ) NO ( )

If YES, provide the following information (If additional entries are needed, please attach an additional sheet):

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Do you have any family members (including spouse/in laws) that work at Soboba Casino or a Gaming related facility? YES ( ) NO ( )

If YES, provide the following information (If additional entries are needed, please attach an additional sheet):

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____

Name: _____ Relationship: _____ Position held: _____