SOBOBA TRIBAL GAMING COMMISSION

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

VOLUNTARY STATEMENT

Name: _____

Physical Address: _____

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

Do hereby make the following voluntary statement on: _____ at _____

I have been employed at the _____ for a period of _____

as a _____. Gaming license # _____

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I have reviewed this statement and believe it to be true and accurate to the best of my recollection.

Signature: _____ Date: _____

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Revised 11/06/2012