

SOBOBA TRIBAL GAMING COMMISSION PO Box 610 \* San Jacinto, CA \* (951) 665-1000 \* Fax (951) 487-0042

## **VOLUNTARY WRITTEN STATEMENT FORM** DATE: \_\_\_/\_\_\_ Time of statement: \_\_\_\_\_AM / PM First Name: \_\_\_\_\_ Initial \_\_\_ Last \_\_\_\_ Suf.\_\_\_\_ Department: Position: Gaming License/Permit #:\_\_\_\_\_ Phone # (H) (\_\_\_\_)\_\_\_\_ Phone # (C) (\_\_\_\_)\_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_ ID/DL#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ I have read this statement consisting of \_\_\_\_\_\_ Page(s) and the facts contained therein are true and correct to the best of my knowledge. Page \_\_\_\_\_ of \_\_\_\_ Signature: \_\_\_\_\_ FORM #\_\_\_\_\_

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