

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 #\_\_\_\_\_

Page	of	Signature:	 	 -
FORM #_				