



# SOBOBA TRIBAL GAMING COMMISSION

Licensing Division

PO Box 610 \* San Jacinto, CA \* (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: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

22777 Soboba Road \* San Jacinto, CA 92583

