



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 # _____



VOLUNTARY WRITTEN STATEMENT FORM (SUPPLEMENTAL PAGE # _____)

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