OFFICIAL VOTER REGISTRATION

SOUTHERN UTE INDIAN TRIBE

I, _____, birth date _____,

and Tribal census # _____as according to the official Tribal Census records.

(Please check line)

1. ( ) I certify that I am eighteen (18) years of age or older.

I hereby register to participate in Tribal elections. I understand that only properly registered voters may participate in any Tribal election.

_____ _____

DATE **SIGNATURE**

_____ _____

STREET OR P.O. BOX **CITY** **STATE/ZIP CODE**

FOR OFFICE USE ONLY Board Member: _____

Registration Number: _____ Date Entered: _____ Time: _____

Received by: **Mail** ( ) **In Person** ( ) **Fax** ( ) **E-Mail** ( )

Comments:

_____