## KARUK TRIBE OF CALIFORNIA SIGNATURE VERIFICATION FORM

Last Name		First Name			Middle	
Tribal Roll Number:		_	Birth Date:		_	
Resident Street Address:			Town:			Zip Code:
Mailing Address (if different):						
Usual Polling Place:	Orleans	Happy Camp (please ci	Yreka	Absentee		THE PROPERTY OF THE PARTY OF TH
OATH: I solemnly swear that I I swear that I reside at			l over eightee	n years of age.	H	KARUK
			Date:			THE REAL PROPERTY OF THE PARTY

Please mail or deliver this application directly to the Voter Registration Office. This address is:

**Attention: Election Committee** Karuk Tribe of California PO Box 815 64236 Second Avenue Happy Camp CA 96039 530-493-1600

Toll Free 800-505-2785 Ext. 2014