



Confederated Tribes of the
Goshute Indian Reservation

HC 61 Box 6104
Ibapah, Utah 84034
Telephone: 883-228-6502 or
435-234-1138 (Office)
Fax: 833-228-6507

VOTER REGISTRATION FORM

TRIBAL ENROLLMENT #: _____

OPTIONAL

Name: _____ Date of Birth: _____

(PRINT NAME)

ADDRESS: _____

**PLEASE NOTE THIS REGISTRATION FORM IS FOR ABSENTEE
BALLOTS ONLY.**

I, _____, hereby certify that I am a member of the
(PRINT NAME)

Confederated Tribes of the Goshute Reservation and that I am at least 21 years of age or will be
21 years of age on Saturday, November 30, 2019, the election date.

DATE

SIGNATURE

Completion of, and return of the registration form is necessary if you desire to become qualified to
vote by absentee ballot in the forthcoming general election.

This form, upon completion and return to the Election Board, shall be the basis for determining
whether you qualify to have your name placed upon the list of registered voters and to receive a
ballot.

Complete and return of this form is voluntary.

**THIS FORM MUST BE RECEIVED BY THE ELECTION BOARD BY 4:30 P.M. (MST) ON
FRIDAY, NOVEMBER 8, 2019.**