



Confederated Tribes of the
Goshute Indian Reservation
TRIBAL ELECTION BOARD

HC 61 Box 6145

Ibapah, Utah 84034

Telephone: 435-234-1138 (Office)

Fax: 833-228-6507

ELECTRONIC VOTER REGISTRATION FORM

TRIBAL ENROLLMENT #: _____

Name: _____ Date of Birth: _____
(PRINT NAME)

ADDRESS: _____

EMAIL: _____

**PLEASE NOTE THIS REGISTRATION FORM IS FOR ELECTRONIC
REGISTRATION 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 28, 2020, election date.

DATE

SIGNATURE

Completion of and return of the registration form is necessary if you desire to become qualified to
vote Electronically 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
voter ID and voter code.

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 13, 2020.**