

## Kashia Band of Pomo Indians Tribal Identification Card Application

GOVERN		Date:	
Name of Applicant:			
	First	MI	Last
Present Address:			
		Address	
	City	State	Zip
Primary Phone:			_Cell:
Personal Information:			
Height:		Weight:	
Hair Color:		DOB:	
Eye Color:		Sex:	
for my sole use and bene to any other person, kno fraudulent ID Cards, tha	efit. I acknowledge wingly enter false i t I may be subject t	that if I do copy, replinformation on any ID o monetary damages a	D card to any other person. It is cate, make or give this ID card for any reason or make and such other penalties and in any appropriate forum I

relief as the Tribe may seek against me under any applicable law in any appropriate forum. I understand that by signing this document I am verifying that the above information is true and correct; I acknowledge that I have read and understand this agreement:

Signature:			_Date:
	For Office u	se only:	
		se only.	
	ID Request Approved: Yes	No	_
Date app. Received: _		Date Issued:	
Comments:			
Mailed:	Walk In:	Staff Int'ls	: