SUMMIT LAKE PAIUTE TRIBE

Primary Administrative Office

2255 Green Vista Dr. Suite 402

Sparks, NV 89431

Tel (775) 827-9670 \* Fax (775) 827-9678

SUMIMT LAKE PAIUTE COUNCIL

Chairman: Randi Lone Eagle \* Vice-Chairperson: Nedra Crane

Secretary/Treasurer: Eugen Mace Sr. \* Council Member: Steven Crane \* Council Member: Philip Frank

**Tribal Identification Card Request Form**

 Name: 

Enrollment Number:  Date of Birth: 

Parents Name (If requesting card for a minor): 

Current Address: 

Current Home Phone:  Cell Phone: 

Email: 

Notes: 



Date: 

Print Name: 

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICIAL USE ONLY

AUTHORIZING OFFICIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REMARKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_