



SHINGLE SPRINGS RANCHERIA

SHINGLE SPRINGS BAND OF MIWOK INDIANS

SHINGLE SPRINGS RANCHERIA

(VERONA TRACT), CALIFORNIA

5281 HONPIE ROAD, PLACERVILLE, CA 95667

P.O. BOX 1340, SHINGLE SPRINGS, CA 95682

OFFICE: (530) 676-8010 FAX: (530)676-8033

Application for Standard Assignment

Please note: This application does not authorize any use of the land until assignment is approved by the Land Assignment Committee and the Shingle Springs Band of Miwok Indians Tribal Council.

_____ New Date previously applied: _____

Applicant Information (please print)

Name _____

Enrollment# _____

Address _____

Phone No. _____

Date of Birth _____

City _____ State _____ Zip Code _____

Email: _____

Marital Status: Single/Married

Have you ever received an allotment of land from the Federal Government? Yes No

Are you in current possession of an Assignment of land from any Tribe? Yes No

If yes, have you relinquished title to this allotment? Yes No

If so, you must provide proof of relinquishment. Please attach proof to this application.

Notes: _____

I certify that the above information is true and correct to the best of my knowledge and belief and I understand that I am applying for a general assignment of land and not for a specific parcel of land.

Applicant Signature _____

Date _____

FOR OFFICE USE ONLY

Chairperson – Assignment Committee

Application Complete

Yes

Date Received _____

Time Received _____

No

If not, date returned to individual: _____

If yes, date taken to Assignment Committee for review: _____

Assignment Committee approve eligible: Yes No (Circle one) Date: _____

Chairperson Signature: _____

Tribal Council Certification

Chairman: _____

Date: _____

Secretary: _____

Date: _____



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Authorization for Release of Information

I, _____, authorize the release of certain personal information, described below, by the Assignment Committee of the Shingle Springs Band of Miwok Indians. The requested information shall only be used as specified below. Collaterals that may be contacted include, but not limited to: programs of services of the Shingle Springs Band of Miwok Indians, the Bureau of Indian Affairs; other Indian nations and tribes; the U.S. Government Bureau of Vital Statistics; local churches; Indian Health Services; school authorities; and local, state, tribal and federal agencies. The requested information will NOT be given to private individuals or organizations. This Release of Information is for a ONE TIME disclosure.

I authorize my information be sent to the following: _____

ONLY the following information may be sent:

This information is intended for what purpose(s):

Printed Name of Authorizer or Legal Guardian Signature of Authorizer of Legal Guardian Date

Printed Name of Witness (if applicable) Signature of Witness (if applicable) Date

Whoever, in any matter, within the jurisdiction of any department or agency of the Tribe, knowingly and willfully falsifies, conceals, or covers up any deception, or makes any false, fictitious, or fraudulent statement(s) of entry, shall be subject to prosecution under the Shingle Springs Tribal Court, which may include fines, imprisonment, or both.

This Authorization for Release of Information must be signed in the presence of a member of the Assignment Committee or Notary Public.

Signature of Assignment Committee Member Date

Notary: Applicant/Guardian subscribed and sworn to before me this _____ day of _____, _____, by a Person known to me to be _____.

Notary: Public in and for the State of _____ Residing in _____
My commission expires: _____ / _____ / _____.