TULE RIVER WORKFORCE DEVELOPMENT DEPARTMENT

Tule River Indian Tribe of California

Declaration of Facts:

The following facts are declared as a part of the evidence submitted by myself to ***verify my place of residency*** and to qualify for the Tule River Workforce Development Department (TRWDD) services:

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I declare under penalty of perjury that the information provided is true and correct.

_____ _____

Signature of Responsible Party Date

_____ _____

TRWDD Representative Date