



Date: _____

BALLOT QUESTION SUBMISSION FORM

PLEASE TYPE OR PRINT LEGIBLY

LIMIT OF ONE QUESTION PER FORM

Question Type:

Constitutional Amendment

Advisory Question

Other (explain)

If Amendment, indicate Article/Section number: _____

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____ Enrollment Number _____

City, State, Zip Code _____ Contact Number _____

Submitter Signature _____

Type the advisory or other questions **OR** provide a summary of changes to the constitution being proposed

(All submitted questions/amendments may be rewritten/reworded at the direction of the Fallon Paiute-Shoshone Tribe and subject to legal review)

If additional space is needed, attach additional sheets and mark this box

Provide an explanation, reason, and/or meaning for the question or amendment

FOR OFFICIAL USE ONLY

Election Year _____ Date Received _____ TEC Initial _____

Regular Special Recommendations: _____ Hearing Dates _____
