



Fallon Paiute-Shoshone Tribe

Land Sale Request

Date of Request: _____

Name(s): _____

Mailing Address: _____

Street Address: _____

Contact Information:

Home #: _____

Work #: _____

Cell #: _____

Email Address: _____

LAND INFORMATION

Land Allotment #(s): _____

Acreage Amount: _____

% of Land Owned: _____

Comments: _____

Please attach any supporting documents of land information and ownership.