

Hoh Tribal Reservation Visitor Pass Application

Primary Applicant Information

Name of person requesting Visitor Pass:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____

Tribal Member **Y N** Tribe Name _____ Tribal ID number _____

If the Primary applicant is traveling with others, including accompanied Minors a full application must be completed for each person requesting entrance onto the reservation.

COVID 19 Vaccination Information:

Have you received a vaccination for COVID-19 **Y N**

If **Yes** please answer the following:

Date of Vaccination (s) _____ Manufacturer of Vaccination _____

Are you able to present Proof of vaccination at the time of this application? **Y N**

_____ Initials of persons witnessing the application has presented a completed vaccination card in support of the above information.

For each person accompanying the primary applicant, an accompanying visitor application must be provided.

Purpose of your visit

What is the purpose of your visit?

What is the address of the persons you are visiting? If you intend to visit more than one address list each address separately below:

1) _____

2) _____

3) _____

To the best of my knowledge all information provided is true and factual. Failure to provide complete and accurate responses will lead to immediate removal from Hoh Tribal property.

Signature of Primary Applicant

Date

Accompanying Visitor Applicant Information

Name of person requesting Visitor Pass:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____

Tribal Member Y N Tribe Name _____ Tribal ID number _____

If the Primary applicant is traveling with others, including accompanied Minors a full application must be completed for each person requesting entrance onto the reservation.

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Signature of Primary Applicant

Date

FYI- This application must be filled out every time you want to visit the reservation and turned into the Hoh Police Department prior to the visit.



