

Sac and Fox Nation Police Department

SORNA Address Verification

Date: _____

Address: _____

RE: ADDRESS VERIFICATION/ Update Information

Dear _____:

Please be advised that as a registered sex offender with the Sac and Fox Tribe of Oklahoma, you are required to report every three months. We have you scheduled to report on_____. If you foresee any problems with this reporting day, please contact us as soon as you can.

Failure to comply with requirements of the Sac and Fox Sex Offenders Registration Ordinance may be punishable as a felony. If you have any questions, please contact the Sac and Fox Sex Offender Registry at (918)968-2031.

Please provide the following items on your visit:

I verify that:

The address shown on this letter is correct.

My correct mailing, physical address and phone number is:

Signature of Registrant

Full Name (Print)

Witness

Subscribed and sworn before me, the undersigned notary, this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____