

Intake By \_\_\_\_\_

Intake Date \_\_\_\_\_

**RESOLUTION/ORDINANCE REQUEST FORM**

- Policy Office personnel must receive approval from the Tribal Chief prior to fulfilling request
- Upon approval from the Tribal Chief, the Policy Office will complete your request within five (5) working days
- Honored individual requests will consist of a copy of the Resolution only

**TRIBAL DEPARTMENT/PROGRAM REQUEST**

**DATE:** \_\_\_\_\_

Department/Program Name: \_\_\_\_\_

Name /Title of individual requesting information: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose for request \_\_\_\_\_

Provide as much information as possible: Resolution/Ordinance Number: \_\_\_\_\_

Year: \_\_\_\_\_ Keywords: \_\_\_\_\_

**INDIVIDUAL REQUEST**

**DATE:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose for request \_\_\_\_\_

Provide as much information as possible: Resolution/Ordinance Number: \_\_\_\_\_

Year: \_\_\_\_\_ Keywords: \_\_\_\_\_

**DO NOT WRITE IN BOX**

Resolution/Ordinance No. \_\_\_\_\_ Title \_\_\_\_\_

Attachments:  Yes  No Type of Attachment \_\_\_\_\_

Approve  Disapprove \_\_\_\_\_  
Tribal Chief Signature Date

Processed by _____	Processed date _____
Requester notified by: PHONE _____	EMAIL _____ Requestor Notified Date _____
Distribution IDM Date _____	PU Date _____ Name _____