

**REQUEST TO SCHEDULE AN APPOINTMENT WITH THE
TRIBAL ADMINISTRATION STAFF**

**APPOINTMENTS WILL BE SCHEDULED FROM 10:00 A.M. – 3:00 P.M.
EXCEPTIONS WILL BE MADE AT ADMINSTRATOR'S REQUEST ONLY!**

Name: _____

Date: _____

Phone #: _____

Person you would like to meet with: _____

Topic of meeting: _____

When are you available? _____

FOR OFFICE USE ONLY

Refer for Council action _____ Yes _____ No

Refer to: _____ Committee, Director, or other Agency

Initials and date of decision _____