1. I am requesting to be on the Tribal Council Agenda for the following:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_____Informational (limited to 15 min.)    _____Tribal Council approval/action

2. Is a draft resolution or ordinance attached?    _____Yes    _____No

3. Is there conflicting legislation?    _____Yes    _____No

TRIBAL PROGRAMS ARE ENCOURAGED TO INFORM THE TRIBAL ADMINISTRATOR, PRIOR TO PRESENTING TO THE COUNCIL.

You are required to provide supporting documentation with this request. Please note, that it is the requestor’s responsibility to provide accurate and factual information.

______________________________________    ___________________
Signature of Requestor                     Date

______________________________________    ___________________
Print Name                               Telephone Number

Please provide a telephone number where you can be reached between 8:00am – 5:00 pm weekdays.

FOR OFFICE USE ONLY

REC’D___________  TIME_________

The Agenda Committee makes the following recommendations:

Refer to Tribal Council for action:    _____Yes    _____No

Refer to other department/agency:    ____________________________________________

Reason_________________________________________________________

Agenda Committee members initials/date:

________________________  ______________________  ______________________

________________________  ______________________