

Date Received Stamp:

**TRIBAL COUNCIL MEETING AGENDA REQUEST FORM**

FAX# (715) 588-3746

RETURN ALL MATERIALS AND REQUEST FORM TO:

**TRIBAL GOVERNMENT/ENROLLMENT DEPARTMENT**

PLEASE COMPLETE THIS FORM AND ATTACH ANY AND ALL DOCUMENTS/INFORMATION THAT PERTAIN TO THE ITEM YOU WILL BE DISCUSSING.

NEXT COUNCIL MEETING DATE: \_\_\_\_\_

REQUESTING EXECUTIVE SESSION (PLEASE CIRCLE ONE):      YES              NO

1. Name of person(s) making the request: \_\_\_\_\_

Title and agency represented: \_\_\_\_\_

Telephone/cell number: \_\_\_\_\_ Fax# \_\_\_\_\_

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

Email address: \_\_\_\_\_

2. What will you be presenting or discussing? (Project, Grant, Funding Request, For Info Only, etc.)

3. What type of action are you requesting that the Tribal Council to take? (i.e. motion or resolution)

4. If a funding request, have you checked with:

Supportive Services:              YES      NO

Education:                              YES      NO

Chippewa Housing Authority: YES      NO

Emergency Program:      YES      NO

5. What type of report or documentation will be attached? (Please attach a letter with EXACT details of request, invoice, letter, grant, report, etc.)

6. Will your topic take longer than the 15-minute allotted time limit? (PLEASE CIRCLE ONE):  
YES      NO              ; and if Yes, how long? \_\_\_\_\_

**ATTACH 18 COPIES OF MATERIAL THAT WILL BE SUBMITTED**

THANK YOU FOR YOUR COOPERATION.