



REGULAR TRIBAL COUNCIL MEETING AGENDA REQUEST FORM

RETURN FORM AND ALL MATERIALS TO: **TRIBAL OPERATIONS & ENROLLMENT DEPARTMENT**

OR

FAX TO: **(715) 588-3746**

OR

EMAIL TO: **jallen@ldftribe.com and Lpotts@ldftribe.com**

ONE SINGLE SIDED COPY OF MATERIALS MUST BE SUBMITTED WITH THIS FORM BY THE POSTED DEADLINE

Date Received Stamp:

PLEASE COMPLETE FORM AND ATTACH ANY AND ALL AGENDA ITEM MATERIALS/INFORMATION THAT PERTAINS TO THE ITEM(S) YOU WILL BE DISCUSSING.

REGULAR TRIBAL COUNCIL MEETING DATE: _____

REQUEST EXECUTIVE SESSION: YES NO

1. Name of person(s) making request: _____

Title & Agency represented: _____ Email: _____

Telephone/cell number: _____ Fax: _____

2. What type of action are you requesting that the Tribal Council take?: Motion Resolution

**** If requesting resolutions a draft resolution must be submitted with this form**

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

4. What type of report or documentation will be attached? *(Please attach letter w/ details of request, invoice, letter, grant, reports, etc.)*

5. If a funding request, have you checked with? *If you answer yes to any of the below you must submit a denial letter*

Supportive Services: YES NO Education Department: YES NO

Chippewa Housing Authority: YES NO Emergency Program: YES NO

6. Will your topic take longer than 30 minutes?: Yes No If Yes, how long _____

THANK YOU FOR YOUR COOPERATION