

For Office Use Only
Office of Tribal Council Secretary

Date Received: _____ Received By: _____

Attachments Received with Request: Yes No

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Request forwarded to:

- | | | | |
|--------------------------|-----------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Committee/Team: _____ | | |
| <input type="checkbox"/> | Chief of Staff | <input type="checkbox"/> | Non-Gaming |
| <input type="checkbox"/> | Human Resources | <input type="checkbox"/> | Health Care Advisory Board |
| <input type="checkbox"/> | Legal Review | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | MPGE | | |

COS/Department/Committee Chair

The finding to this matter was:

Signature of Office of Chief of Staff
or Department Representative

Date: