

RED CLIFF TRIBAL COUNCIL MEETING AGENDA REQUEST FORM

RETURN ALL MATERIALS/DOCUMENTS AND REQUEST FORM TO:
RED CLIFF TRIBAL ADMINISTRATION BUILDING
ATTN: RED CLIFF TRIBAL COUNCIL SECRETARY

Please complete this form and **attach all documents/information** that pertains to the item you will be discussing.

NEXT COUNCIL MEETING DATE: _____

1. Name of Person(s) making the request: _____

Telephone/Cell Number: _____

Address: _____

Email Address: _____

2. What are the items that you will be discussing:

a. _____

b. _____

c. _____

d. _____

3. What type of action are you looking to have the Tribal Council take?

4. Is the Chairman or Vice Chairman aware of the item(s) that are coming forth to Tribal Council?

_____ YES _____ NO

5. Will your topic(s) take longer than 15 Minutes?

_____ YES _____ NO

DATE RECEIVED STAMP _____