

## Legislative Branch Public Document Request

Date:		Track ID#:		Accepted B	y:
		_	Office Use Or	ıly	Office Use Only
Name:				Tribal ID	#:
Address:					
City:					
State:		Zip Code:			
Phone:		Fax:			
Email:					
Do	cument Name / Title:				
	or				
Do	ocument Description:				
How v	vould you like to	review your requ	ested docum	ents? Please che	eck one.
	Photocopied:		On-Site Review:		Via Email:
R	equestors Signature:				
		Sign Form Here Before	Submission		

Important: When requesting a public document be sure to include a photocopy of your Tribal Identification.