

AGENDA ITEM REQUEST FORM

(1) DATE OF MEETING REQUESTED: _____

(2) REQUESTED BY: _____ (3) DATE OF REQUEST: _____

(4) ADDRESS: _____

(5) TELEPHONE NO: _____ (6) EMAIL: _____

(7) Information Only	Action Item	Discussion/Action
Report	Public Hearing	Closed Session

(8) AGENDA ITEM SUBJECT: _____

(9) BACKGROUND: _____

(10) ACTION REQUESTED: _____

(11) Administrative Approval _____ Date

(12) Fiscal Approval _____ Date

(13) Personnel _____ Date

***** Request must be completed and approved by the above listed individuals*****

Request(s) to be added to the agenda MUST be received by the Tribal Office in five (5) working days prior to the meeting date. All backup information MUST be attached in order for this item to be placed on the agenda.

FOR OFFICIAL USE ONLY

(14) Notification date: _____ (15) Notified By: _____

(16) Meeting Date: _____ (17) Mode of Notification: _____

Telephone Email

(18) Date of Meeting: _____ (19) Regular (20) Special (21) Action Item Number _____

(22) Action Taken: Approved Disapproved Tabled Other _____

(23) Special Stipulations: _____