

# TRIBAL COUNCIL MINUTES / RESOLUTION REQUEST FORM

Date of Request: \_\_\_\_\_

Name of Individual Making Request: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHECK ONLY ONE BOX:      Tribal Member      Tribal Employee      Other

Note: A request by Pueblo of Isleta Employee shall only be granted if the Request concerns the Employee's Department or Program

Under penalty of law, the individual making this Request agrees to utilize the Minutes / Resolution **ONLY** for the stated purpose identified above. Refusal to fill out this Form completely will cause the request to be denied.

Signature of Individual Making Request: \_\_\_\_\_

Allow ten (10) working days for this Request to be processed

\*\*\*\*\* **FOR TRIBAL COUNCIL USE ONLY** \*\*\*\*\*

Time and Date of Request Submittal – Time / Date Stamp here:

Date Received by Tribal Council Secretary: \_\_\_\_\_

Date Provided by Tribal Council Secretary: \_\_\_\_\_