

(505)869-9695 (505)869-9746



## 2023 Tribal Council Agenda Request Form

| Date Submitted:         | /                 | /2023             | Tribal Id Number:   |
|-------------------------|-------------------|-------------------|---|
| All documents must      | be subn           | nitted along wi   | ith the Tribal Council Agenda Request Form or <u>your request</u>   |
| may not be consider     | <u>red</u> . Plea | se attach all re  | elevant documents and (11) copies. However, you must be   |
| present to answer q     | uestions          | on action iten    | ns. If a Resolution is required for the action item the   |
| Resolution must be      | attached          | d as part of you  | ur documents.   |
| SUBMITTED BY:           |                   |                   | Phone #:  |
| DEPARTMENT (If POI):    | :                 |                   |   |
| AMOUNT OF TIME R        | REQUEST           | ED:               | <del></del>   |
| Emergency:Ye            | es                | _No               |   |
| SUBJECT: (Please be     | specific)         |                   |   |
|                         |                   |                   |   |
|                         |                   |                   |   |
|                         |                   |                   |   |
| ACTION                  |                   | FYI ONLY          |   |
| ACTION YOU WOUL         | D LIKE TO         | O REQUEST:        |   |
|                         |                   |                   |   |
| Departments, and if a   | pplicable         | the Office of the | before the Tribal Council considers this item. Please name the e Governor that reviewed this request and attach their comments cedure may delay your request. |
| Reviewed by Departme    | ent:              |                   | <u>Initials:</u>  |
| 1                       |                   |                   |   |
| 2                       |                   |                   |   |
| 3.(Governor Or Lt. Gov  | vernor)           |                   |   |
| ^^^^^                   | ^^^^^             |                   | ^^^^^   |
| Tribal Council Office u | se only:          |                   |   |
| Received by:            |                   |                   | Date:   |