LEGISLATIVE BRANCH

TOHONO O’ODHAM NATION

Document Request Form

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| --- | --- |
| Date of Request: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Phone No.: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Email: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Resolution |  |  | Ordinance |  |  | Legislative Order |

|  |  |
| --- | --- |
| Purpose of request: |  |

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| --- |
|  |

*(Please check all that apply)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Tribal Member |  |  | Non Member |  |  | Other Agency |

|  |  |
| --- | --- |
| \_\_\_\_\_ Department/District  *(Signature required)*  Employee Signature: |  |

|  |  |
| --- | --- |
| Director/Chairperson: |  |

|  |  |
| --- | --- |
| Title or Subject: |  |

|  |  |
| --- | --- |
| Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ( ) | APPROVED |  | ( ) | DISAPPROVED |

|  |  |  |
| --- | --- | --- |
|  |  |  |

Legislative Branch Officer Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Legislative Secretary Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signature of employee when completed Signature or notation of receipt

***NOTE: Resolutions are available at www.tolc-nsn.org/Council Actions.***

***All requests can be submitted to the receptionist in the Administration or Legislative Modular. There will be no phone or email requests. Extreme emergencies will be dealt with on a case by case basis.***