



BIG PINE PAIUTE TRIBE OF THE OWENS VALLEY
Big Pine Paiute Indian Reservation

TRIBAL COUNCIL MEETING
AGENDA REQUEST

(Guests will be allowed 5 minutes each)

To be placed on the Tribal Council Agenda, please submit your request ~~ten~~ (10) business days prior to the next scheduled Tribal Council meeting. Thank you.

NAME: _____ DATE: _____

ADDRESS: _____
(P.O. Box or Street) (City) (State) (Zip)

PHONE NUMBER: _____ EMAIL (optional): _____

All issues must be addressed by the appropriate Committee/Administration prior to submission to Tribal Council.
Please indicate below to whom this issue has been addressed.

Addressed:	Date:	Resolution:
<input type="checkbox"/> Tribal Administration	_____	_____
<input type="checkbox"/> Enrollment Committee	_____	_____
<input type="checkbox"/> Land Assignment Committee	_____	_____
<input type="checkbox"/> TERO	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

DATE OF NEXT TRIBAL Council meeting: _____

REQUEST TOPIC: _____

Please include additional documentation if relevant. If information is confidential, place in a sealed envelope and submit with request form.

Signature _____

Date _____

