

Hoopa Valley Tribal Council

P.O. Box 1348 • Hoopa, California 95546
Phone (530) 625-4211 • Fax (530) 625-4594



AGENDA REQUEST

PLEASE SUBMIT ONE REQUEST FOR EACH ITEM
Must be submitted 4 days in advance of scheduled meeting

Date: _____ [] Dept: _____ [] Tribal Member
Name: _____ Phone: _____ Ext: _____
Address: _____ Email: _____

I request to place an agenda item on the Hoopa Valley Tribal Council's [] Regular [] Special agenda.
The agenda item is for [] Open Session [] Executive Session on _____

Please specify the action that you are requesting:

[] I request action by the Hoopa Valley Tribal Council by [] Motion (must be attached)
[] Resolution (must be attached)
[] Ordinance by LPA
(proposed language must be attached)

[] Supporting documents attached. [] No supporting documents required.

List Departments consulted: _____

Fiscal Dept.	[] Approved [] Hold for consultation and review, requestor notified	_____	Date/Initials
Legal Dept.	[] Approved [] Hold for consultation and review, requestor notified	_____	Date/Initials
Land Dept.	[] Approved [] Hold for consultation and review, requestor notified	_____	Date/Initials
Personnel Dept.	[] Approved [] Hold for consultation and review, requestor notified	_____	Date/Initials
Insurance Dept.	[] Approved [] Hold for consultation and review, requestor notified	_____	Date/Initials

Signature: _____ Date: _____
Chairman's Signature

For Official Use Only:

Tribal Chairman's Action: [] Approved for Agenda [] Regular Meeting [] Special Meeting. _____
[] Not Approved for Agenda Date of Meeting
[] Resolved without Tribal Council action
[] Referred back to requestor for further information

Requestor was notified by [] mail [] phone of Chairman's action on _____ by: _____
Date Signature

