## **RESOLUTION REQUEST**

## \*\*\*\*\*PLEASE PRINT \*\*\*\*\*

## \*\*\*\*AND PLEASE GIVE AS MUCH DETAIL AS POSSIBLE\*\*\*\*\*

Date resolution was passed by the Tribal Council:  Please write the title of the resolution below. If the title is not known, list the possible title and or keywords to search (like topic, presenter, or resolution number).	
Submitted by:	Contact Person:
Date/Time:	Telephone #:
Email Address:	
	lated February 11, 2010, the following procedures have been on, and consistency of all tribal members, programs and entities the
	Documentation, memorandums and resolutions on approval of turnaround period of three (3) working days. The only actions that
	g day after meetings will be for a "catastrophic medical emergency"
**********	<b>OFFICE USE ONLY</b> ************************************
Received by:	Date:
Data Raquest Completed	Preferred Method of Delivery