

OFFICE OF THE TRIBAL SECRETARY P.O. Box 590 Eagle Butte, SD 57625

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INFORMATION REQUEST FORM

When inquiries are made on individuals other than yourself, a <u>notarized</u> written consent from the individual must be submitted, unless the information is in the Tribal Council Minutes & was in open session.

Please note that requests are addressed in chronological order that it was received.

Date:	
Requestor's Name:	
Address:	
Phone No.:	
Method of Request: () Telephone ()	In Person () Mail () Fax () Email
Date(s) of the documents/information requested:	
Date of when the information/documents are needed:	
Description of information requested: () Verbatim () Research (Explain Below)
Staff assigned/referred to complete the request:	
Staff Signature:	Date Completed:
Received By:	Date:
Mailed/Fmailed/Faxed to:	