



CROW TRIBAL LEGISLATIVE BRANCH OF GOVERNMENT

MEETING SCHEDULE REQUEST FORM

PURPOSE OF REQUEST (Committee Meeting/Conf. Call):

CHECK APPROPRIATE COMMITTEE (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Health & Human Services Committee | <input type="checkbox"/> Judicial |
| <input type="checkbox"/> Gaming & Tribal Business Enterprises | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Infrastructure |
| | <input type="checkbox"/> Natural Resources |

DATE OF REQUESTED MEETING: _____

AGENDA ITEMS:

**Request for changes made after submission must be made by MEMO, EMAIL, or TEXT to the Chief of Staff. This is for documentation to ensure proper response and clarity.*

Signature of Requestor (Committee Chair/VC)

Date

Forwarded to Branch Officers by: _____

Submitted to Chief of Staff _____

Date

Time

Initial