



MOAPA BAND OF PAIUTES

MOAPA RIVER INDIAN RESERVATION

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MEETING MINUTES REQUEST FORM

Section 1: Requestor Information

Full Name:

Affiliation:

Tribal Member

Employee

Other (please specify): _____

Contact Information:

Phone: _____

Email: _____

Section 2: Meeting Details

Date of Meeting Requested: _____

Type of Meeting:

Regular Council Meeting

Special Council Meeting

Emergency Meeting

Specific Topic or Agenda Item (optional):

Section 3: Purpose of Request

Please briefly explain why you are requesting the meeting minutes:

Section 4: Delivery Method

- Email
- Pick-Up at Tribal Office
- Mail (provide address): _____

Section 5: Acknowledgment

I understand that some portions of the minutes may be redacted to protect sensitive or confidential information. Processing times may vary depending on the nature of the request.

Signature: _____

Date: _____

Office Use Only Section

Date Received: _____

Staff Position: _____

Approved by: _____

Date Released: _____

Notes:
