

Karuk Community Health Clinic
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Karuk Dental Clinic
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AGENDA REQUEST FORM

All agenda request forms must be completed and submitted to Executive Secretary, Barbara Snider, prior to being added to a meeting agenda.

Date: _____

I request to be added to the meeting _____ agenda.
(Meeting Date)

I prefer _____ open/closed session. (*Note: your item will be evaluated for open or closed session as well. i.e., personnel or confidential matters will be moved to closed session*).

THE ITEMS THAT I WILL BE DISCUSSING ARE:

1. _____
2. _____
3. _____

(Note: please provide as much detail as possible so that your matter can be properly evaluated as some items may have requirements for presentation to other Boards, Committees, Groups or Departments, prior to presentation to the Tribal Council. If so, the Tribal Council will refer you to the appropriate place. If you have already presented your item to others, please note that above.)

Thank you,

NAME: _____

TITLE: _____

ROLL NUMBER: _____

CONTACT INFO: _____