



HOOPA VALLEY TRIBAL COUNCIL

Hoopa Valley Tribe

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www.hoopa-nsn.gov



Chairman Ryan Jackson

FILES REQUEST FORM

DATE: _____

TO: _____

DEPARTMENT: _____

I wish to request the following information from:

Signed: _____

.....
OFFICIAL ACTION REQUEST

_____ APPROVED

_____ DISAPPROVED

Reason for disapproval: _____

SIGANATURE: _____

**RYAN JACKSON, CHAIRMAN
HOOPA VALLEY TRIBAL COUNCIL**

DATE: _____

