

Ho-Chunk Nation Gaming Commission W9814 Airport Road, P.O. Box 667, Black River Falls, WI 54615 • (715) 284-7474 • (800) 814-8050 • FAX (715) 284-7550

RECORD(S) REQUEST FORM

TO BE COMPLETED BY	REQUES	STER			
Date of request:					
Person/Entity name:					
Mailing address:					
Email address:					
Physical address:					
Phone:					
Associated Ho-Chunk N	lation Gami	ng Commission Case	No.:		
Requester's relationship to case: (To request a record you must be a party to the case.)					
Description of requested	l record(s):				
				ctual cost of transcribing via the Con or cashier's check accepted).	ımission's
Preferred method of rec Electronic Certified mail					
Requester will pic	k up at Ho-C	Chunk Nation Executiv	ve Building, W9	814 Airport Rd, Black River Falls	, WI 54615
Requester signature:				Date:	
The requester will be contact					
TO BE COMPLETED BY T	THE GAMI	NG COMMISSION	ONLY:		
Description of fulfilled record	(s)·				
Hard copy	(5).	~ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other copy					
Transcripts					
Record(s) fulfilled by:					
Disbursement Date:	Via:	Personal service	Electronic	Certified mail #:	
RECORD(S) FULFILLMEN	NT APPRO	VAL:			
Date:					
			<u> </u>	 	
Gaming Commissioner signat	ure	Gamin	g Commissione	r signature	
Gaming Commissioner signat	ure				