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) 284-7740

RECORD(S) REQUEST FORM

TO BE COMPLETED BY REQUESTER

Date of request:
Person/Entity name:
Mailing address:
Email address:
Physical address:
Phone:
Associated Ho-Chunk Nation Gaming Commission Case No.:
Requester's relationship to case: *(To request a record you must be a party to the case.)*
Description of requested record(s):

**If requesting Gaming Commission Hearing transcripts, the fee will reflect the actual cost of transcribing via the Commission's customarily used professional services company. (Only personal/business check or cashier's check accepted).*

Preferred method of receipt:

- ☐ Electronic
- ☐ Certified mail
- ☐ Requester will pick up at Ho-Chunk Nation Executive Building, W9814 Airport Rd, Black River Falls, WI 54615

Requester signature: _____ **Date:** _____

The requester will be contacted via email when the record(s) are ready for disbursement.

TO BE COMPLETED BY THE GAMING COMMISSION ONLY:

Description of fulfilled record(s): _____

- ☐ Hard copy
- ☐ Other copy
- ☐ Transcripts

Record(s) fulfilled by:
Disbursement Date: ☐ Via: ☐ Personal service ☐ Electronic ☐ Certified mail #:

RECORD(S) FULFILLMENT APPROVAL:

Date:_____

_____
Gaming Commissioner signature

_____
Gaming Commissioner signature

_____
Gaming Commissioner signature