Tule River Indian Housing Authority

Request for Information

NAME: _____ DATE: _____

EMAIL ADDRESS: _____ PHONE: _____

Description of information requesting: _____

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Disclaimer* Please give appropriate staff 3 business days to gather the information you are requesting.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____

EXECUTIVE DIRECTOR: _____ DATE: _____

☐ Approved Reason for Denial: _____

☐ Denied _____

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