



# Saint Regis Mohawk Tribe Records Request Form

Request No: \_\_\_\_\_  
(For Office Use Only)

Request Submitted By: U.S. Mail / IN-PERSON

Name of Requestor: \_\_\_\_\_ Tribal Enrollment#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ County: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Records Requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose/Intent of Records Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want to inspect or purchase copies of the records? Check One    Inspect: \_\_\_\_\_    Copies: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

*Stamp Date/Time*

### To Be Completed By Records Officer

Ten (10) day response due: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records Officer Name (Print): \_\_\_\_\_

Records Officer Signature: \_\_\_\_\_