



LEECH LAKE BAND OF OJIBWE

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Document Review Request Form

TO BE COMPLETED BY THE REQUESTING DIVISION

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Description of Services: _____

Requesting Division/Department: _____

Contact Information: _____ Number: (_____) _____
(Name and Title) (Preferred contact number)

E-mail Address: _____ Please Review by: _____ (Insert Date)

For Resolutions only: I certify that this Resolution complies with the May 15, 2014 Resolution

Formatting Guidelines. Signature: _____

LEGAL DEPARTMENT USE ONLY

Legal Office Received On: _____ Received By: _____
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Document Released by: _____ Date: _____
(Signature of Designated Person releasing signed documents for requesting Division/Department)

LEGAL REVIEW FINDINGS

Reviewed by: _____ APPROVED: _____ (Y/N)
(Signature of Legal Staff and Title)

Additional steps required: _____

Notes: _____
