KICKAPOO TRADITIONAL TRIBE OF TEXAS
A FEDERALLY RECOGNIZED INDIAN TRIBE
LEGAL DEPARTMENT

REQUEST FOR INFORMATION

Date: _____

To: Kickapoo Traditional Tribe of Texas - Legal Department
2212 Rosita Valley Road
Eagle Pass, Texas 78852

From: _____
(Please print) First Middle Last
Entity: _____

I am:
- ☐ A KTTT Tribal Member, ID #_____
- ☐ Not a Tribal Member

Address: _____
City State Zip
Phone No.:_____ Fax No.:_____
E-mail:_____

In the space below, please provide a detailed description of the information you are requesting (including for example, department holding records, date of records or data, date of incident, report number, type of incident/record, parties involved, etc.) and the intention of use of such document:

_____
_____

The disclosure of information to a Person that is not a Tribal member shall only be pursuant to an approval by the Tribe's Legal Department.

_____
Printed Name

_____ _____
Signature **Date**

This section will be completed by the KTTT Legal Department:

*Response due in fifteen (15) days

APPROVAL Signature : _____ **DENIAL Signature :** _____
Approval Date : _____ **Denial Date :** _____