



Ho-Chunk Nation Department of Heritage Preservation

Cultural Resource Division
Information Request Form

DATE: _____ TELEPHONE _____ MAIL _____ WALK-IN _____ E-MAIL _____
TIME: _____ WHO THEY SPOKE WITH: _____
NAME OF CONTACT: _____
ADDRESS OF CONTACT: _____
INITIAL REQUEST:

INFORMATION RESEARCH EXHIBIT PRESENTATION ATTENDANCE

Contact Signature: _____

DO NOT MARK BELOW THIS LINE | CULTURAL RESOURCE DIVISION USE ONLY

RESEARCH REQUEST TYPE:

Tribal Member Correspondence
CRD Archives
HCN Traditional Courts.....TC's Next Meeting Date: _____
Literature.....Literature Title: _____
County Files.....County(s): _____
State Files.....State(s): _____
WSHS
BIA/BLM Records
National Archives
Other: _____

REFERRED CONTACT TO OTHER DEPARTMENT / ORGANIZATION / PERSON

Department / Organization / Person: _____
Name: _____ Job Title: _____

Reason: