



Ho-Chunk Nation Department of Treasury

REQUEST FOR INFORMATION

REQUESTOR:

Name: _____

Organization: _____

Address: _____

Phone No#: _____

Fax No#: _____

Note to Requestor: Pursuant to the Ho-Chunk Nation Discovery Act (hereinafter "Act"), this Act generally prohibits disclosure in proceedings where the Ho-Chunk Nation (hereinafter "Nation") is not a party without the prior written approval of the Ho-Chunk Nation Attorney General and a notarized release of information from the Employee/Former Employee and/or Tribal Member. Such information on an Employee/Former Employee and/or Tribal Member is highly confidential and without such approval and notarized release, the Nation cannot release such information as requested.

INFORMATION REQUESTED:

Name: _____

Address: _____

Telephone No.: _____

Date of birth: _____

Tribal/Employee Id#: _____

Social Security No.: _____

\$5.00 fee for all copies & verifications

1099's & W-2's are \$5.00 PER copy

Pay with cash, check, or money order

Made payable to Ho-Chunk Nation

Mail to:

TREASURY

P.O. BOX 640

BLACK RIVER FALLS, WI 54615

PLEASE NOTE THAT PAYMENT IS REQUIRED BEFORE REQUEST CAN BE COMPLETED

Specific information requested: _____

Explanation why specific information is requested: _____

Return information to: _____

I hereby authorize the Ho-Chunk Nation to release my information to the Representative stated above with a courtesy copy sent directly to me.

Signature: _____

Name Printed: _____

Dated: _____

Subscribed and sworn to before me

This ___ day of _____, 20___ at _____

Notary Public

My Commission Expires: _____