



LOWER SIOUX INDIAN COMMUNITY
FINANCE DEPARTMENT
INFORMATION REQUEST

****Please Allow Five (5) Business Days for a Response****

Name of Requestor: _____ Phone #: _____

*Member Signature: _____ Date: _____

Stamp/Seal:

Notary Signature

Date:

Information You Are Requesting:

- Check Stub for Month(s): _____
- Form 1099 for Year(s): _____
- Other: _____

I would like this information to be: faxed emailed mailed picked up
(Circle one)

Name: _____

Address: _____

Email: _____

Fax #: _____

For Finance Use Only

Date Received: _____

Date Processed: _____

Initials: _____

* I understand by signing, I am agreeing to release my personal financial information to the above mentioned parties.

Failure to properly complete this form will result in a delay of your request.