

LOWER SIOUX INDIAN COMMUNITY

FINANCE DEPARTMENT

INFORMATION REQUEST

Please Allow Five (5) Business Days for a Response

Name of Requestor:		Phone #:
*Men	nber Signature:	Date:
Stan	np/Seal:	
		Notary Signature
		 Date:
Inform	nation You Are Requesting:	
	Check Stub for Month(s):	
	Form 1099 for Year(s):	
	Other:	<u> </u>
	ld like this information to be: faxed e one)	emailed mailed picked up
Name	:	For Finance Use Only
Address:		Date Received:
		Date Processed:
<u>Email</u>	:	Initials:
Fax #:	:	

* 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.