



# 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**  
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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: \_\_\_\_\_