

COLVILLE TRIBAL GAMING COMMISSION

Request for Continuance



REQUEST FOR CONTINUANCE			
Name (print)		Today's Date	
Mailing Address		Phone #	
Physical Address			
Employer		Phone #	
Department		Supervisor	
Job Title			
Please describe in detail the reason(s) for your request for continuance			
<input type="checkbox"/> I have received a copy of the Commission Hearing Procedures.			
Signature		Received by TGC Staff	
Date			