

# COLVILLE TRIBAL GAMING COMMISSION

## Request for Hearing



REQUEST FOR HEARING			
Name (print)			Today's Date
Mailing Address			Phone #
Physical Address			
Employer			Phone #
Department			Supervisor
Job Title			
<b>Type of Appeal</b>	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Job Transfer
	<input type="checkbox"/> Sanction	<input type="checkbox"/> Other (explain)	
Please describe in detail the reason(s) for your request for hearing			
Please state what type of license you are requesting			
<input type="checkbox"/> A conditional license <input type="checkbox"/> A regular license without conditions			
Please provide a list of any supporting documentation you plan to include (e.g. letters from probation officers, alcohol counselors, court, letters of reference from employers, receipts, registration confirmation, certificates of completion, etc.)			
<input type="checkbox"/> I have received a copy of the Commission Hearing Procedures. <input type="checkbox"/> I have received a copy of the memorandum on conditional licenses.			
Signature			Received by TGC Staff
Date			