

# COLVILLE TRIBAL GAMING COMMISSION

## Request for Rehearing



<i>REQUEST FOR REHEARING</i>			
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 rehearing			
Please provide a list of any supporting witnesses and/or documentation you plan to use if your request is granted			
<input type="checkbox"/> I have received a copy of the Commission Hearing Procedures.			
Signature		Received by TGC Staff	
Date			