	CONTACT INFORMATION		
First Name:	Legal Name:		
Last Name:	Preferred Contact:	☐Email ☐Phone ☐Mail	
Email Address:	Band Number:		
Mobile Phone:	Alternate Phone:		
Chun ah Anlalun an			
Postal Code:	Postal Code:		
City:	City:		
Country:	Country:		
	MEETING REQUEST INFORMATION		
If you have any auestions or nee	MEETING REQUEST INFORMATION and assistance filling out your form, please contact the	Chief and Council Executive Assistant.	
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1. Please define the proposed age	nda topic:		
2. Is your topic time sensitive?	Yes No		
3. Does your topic involve the foll	owing?		
Mississauga First Nation Serv	ices or Policies		
Proprietary Businesses of Mis	sissauga First Nation		
Federal, Provincial Agency			
Other:			
4. If your topic is regarding a Miss	issauga First Nation service or policy, pleas	e indicate the department below	
that best applies to your topic:	,		
Governance	Niigaaniin (Social Assistance)	Education	
☐ Infrastructure/Housing	Lands and Resources	☐ Health	
Economic Development	Chi-Naakinagewin (Law Development)	<u>=</u>	
_		<u> </u>	
Administration	Finance	☐ Mississaugi Trust	

5. Please explain your topic (provide as much detail as possible):

Please note: If additional space is needed, pleas	e continue on lined paper and attach to form.
6. What is the outcome you are seeking from a meeting w	rith Chief & Council?
7. Have you attempted to resolve the issue with the Depa	rtment or Individual? Yes No
3. Every attempt to obtain a resolution with the department meeting. Please provide a detailed summary below of y	
Please attach any administrative forms, documents (lette	ers, e-mails, and receipts to support your topic to this form).
9. Date of requested meeting:	
MEETING REQU	EST CHECKLIST
MEETING REQU	LST CHECKLIST
I confirm this request is being submitted before the Fr Council meeting that I intend to present. If not, I unde scheduled Council meeting.	
☐ I acknowledge that I will be limited to 15 minutes to p	resent my topic to Council.
I acknowledge that I have made all possible attempts to senior staff member. Otherwise, these concerns will be senior staff member.	to ratify my concerns with the respective department or e forwarded back to the respective department and
Chi-Miigwech for reaching out to the Chief	and Council of Mississauga First Nation.
SIGNA	TURE
By signing below it is acknowledged that the inform	nation provided on this form is true and accurate.
Signature	Date