



SIR Public Works Tribal Member Assistance Application

All applications must meet the eligibility requirements and be within the capabilities of the Public Works Department. Work will be scheduled based on the Public Works Department workload and availability of qualified personnel.

Name: _____ **Telephone:** _____

Address: _____

Please describe the work you are requesting: _____

Applicant's Signature: _____ **Date:** _____

Public Works Director: _____ **Date:** _____

Work scheduled for: _____