

**ONEIDA TRIBE OF INDIANS OF WISCONSIN**  
**Oneida Tribal Member request to review Final Audit Reports**

Full Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Best way to Contact you:  Home Address is: \_\_\_\_\_  
 Phone Number is: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_  
 E-mail Address is: \_\_\_\_\_

Audit Requested for Review: \_\_\_\_\_

Purpose for the Review: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

**NOTE: Please fill in all requested information. Submit form to the Audit Committee Chairperson via mail, e-mail or fax @ 920-869-4040.**