



Oneida Nation  
Oneida Business Committee  
Legislative Operating Committee  
PO Box 365 • Oneida, WI 54155-0365  
Oneida-nsn.gov



## STATEMENT OF EFFECT REQUEST FORM

*Please note:* A complete and final draft of the legislative item for which the Statement of Effect (SOE) is being requested must be submitted with this request form. Please allow one week for completion.

1) **Request Date:** \_\_\_\_\_

2) **Contact Person(s):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

3) **Title (or brief description) of the item:** \_\_\_\_\_

4) **Which of the following is the Statement of Effect being requested?**

- Proposed Rule- in accordance with the Administrative Rulemaking Law
- Proposed Resolution- as required by OBC Resolution #6-01-05-C (Statement of Effect Requirement for Resolutions)
- General Tribal Council petition
- Other(explain) \_\_\_\_\_

5) **Please list any supporting materials that are being submitted with this form:**

\_\_\_\_\_  
\_\_\_\_\_

### **Please Note:**

If any changes are made to the draft of a rule, resolution, petition or other item after this form is submitted, please notify the Legislative Reference Office of the changes as soon as possible, so that the SOE can be updated accordingly. Any changes to submitted requests may require additional time for completion.

Signature of Requester: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form and all supporting materials to the Legislative Reference Office (LRO)**  
**LOC@oneidationation.org**  
**P.O. Box 365, Oneida, WI 54155**  
**920-869-4376**