

Gila River Indian Community
 Department of Land Use Planning & Zoning

*P.O. Box E
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 Sacaton, Arizona 85147*



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**LUPZ REQUEST FORM
 ORDINANCE / LIVESTOCK**

NAME: _____ DATE: _____
 ADDRESS: _____ PHONE NO. _____
 EMAIL: _____ FAX NO. _____

TYPE OF USE

X Tribal Department Use Only - Dept: _____ X Bureau of Indian Affairs Use Only - Dept: _____
 X Community Member Use Only - GRIC Enrollment No.: _____ X Other: _____

TYPE OF REQUEST

Sign Permit: X Political X Billboard X Permanent X Temporary
Native Plant: X Native Plant Review X Native Plant Permit X Native Plant Survey

Right of Entry: X Internment Camp X Other _____
Livestock: X Inspection X Other _____

Copy of Ordinance Type:

Location: District: _____ Subdivision Name: _____
 Lot #: _____ Allot #: _____ Township: _____ Range: _____ Section: _____

BRIEF EXPLANATION OF REQUEST

Number of copies being requested: _____

 Signature of Requestor

 Printed Name of Requestor

EVERY ATTEMPT WILL BE MADE TO PROCESS THE REQUEST IN A TIMELY MANNER. DELAYS MAY ARISE IN RETRIEVING INFORMATION AND APPROVAL MAY BE REQUIRED FROM ADMINISTRATION.

SUBMIT FORM TO LUPZ FRONT DESK OR EMAIL LUPZSUPPORTGROUP@GRIC.NSN.US

LUPZ OFFICE USE ONLY

Date Received Stamp	Administration	Closed / Completed By	Delivered Via:
Doc ID# _____	X Approve _____	Project Name: _____ (Address/File Name)	X Mailed
	X Decline _____	Posted/Completed: _____	X E-mailed
	X Verify _____	Initials: _____	X FTP Site
	X Pending _____		X Inter-Office Mail
			X Hand Delivered

LUPZ Staff Releasing Document: _____ Date: _____

Requested Items Released to (sign name): _____ Date: _____

Requested Items Released to (print name): _____ Date: _____