



WHITE MOUNTAIN APACHE TRIBE OFFICE OF THE ATTORNEY GENERAL

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REQUEST FOR LEGAL REVIEW

Complete form and email to michellestanding@wmat.us.
Documents needing review must be in Microsoft Word format.
Documents must be reviewed by an attorney, prior to Tribal Council presentation and/or prior to obtaining signatures.

Date: _____

Document Type: Agreement Contract Resolution Policy

Name/Title: _____

Department: _____ Contact Person: _____

Contact Number: _____

Will this be presented to Tribal Council? YES NO

Was this approved by a Tribal Council Resolution? YES NO

If YES, provide Resolution Number: _____

Deadline Dates: _____

Additional Information: _____

****OFFICE USE ONLY****

Date Received: ____ / ____ / ____ @ ____ AM/PM Received by: _____

Attorney Assigned: _____

Okay to proceed with signatures? YES NO

Instructions: _____
