

## LEGISLATION REQUEST FORM

This form is to be used when requesting the creation of or amendment(s) to Kahnawà:ke legislation. All Kahnawà:ke Legislation must go through the Community Decision Making Process (CDMP). Requests may be submitted by any community member, board representative, community organization, business or Mohawk Council of Kahnawà:ke (MCK) Council Chief. Person(s) submitting the request must be: a) eighteen (18+) years or older; and b) listed on the Kanien'kehà:ka of Kahnawà:ke Registry.

**This form must be accompanied by documentation supporting the request.**

**PRINT CLEARLY IN BLUE OR BLACK INK**

Request for:

- NEW LEGISLATION  
 AMENDMENT(S) TO EXISTING LEGISLATION

### APPLICANT INFORMATION

Name:(first)	Phone:
(last)	Email:
Address:	

I am requesting on behalf of:

- SELF/COMMUNITY (Community member)  
 BOARD OR ORGANIZATION **Specify:**

\_\_\_\_\_  
 BUSINESS Sector:

\_\_\_\_\_  
 MCK COUNCIL CHIEF **Portfolio:**

### LEGISLATION TYPE (new legislation only)

FOR OFFICE USE ONLY

## BACKGROUND INFORMATION

If you require additional space for any of the following, please attach a separate sheet to this form.

### NEW LEGISLATION

Define the Purpose of the Legislation

Define the Scope of the Legislation

**Attach any supporting research/documentation.**

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### AMENDMENT(S) TO EXISTING LEGISLATION

Section(s) requiring amendment:

**Attach a copy of the sections/clauses currently in force.**

Reason(s) for amendment(s):

**Attach any supporting research/documentation.**

Recommended Revision(s) (for consideration only):

Attach any supporting research/documentation.

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### **CERTIFICATION**

I understand that there may be other laws on the legislative calendar that have already been prioritized and that this request, if approved, may encounter delays when entering the CDMP.

Please choose **one** of the options below:

I agree to participate and lead the law through its categorized process.

### **OR**

I do not agree to lead the law through its categorized process (**Port Chief/Technician will take over lead**).

I certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### **SUBMISSION**

Please return the completed form along with all supporting documentation to:

Kahnawà:ke Legislative Coordinating Commission  
KLCC Coordinator  
PO Box 720, Kahnawà:ke Mohawk Territory  
J0L 1B0

### **OR**

Call 450-632-7500 to speak with a staff member from the KLCC for more information.



<b><u>OFFICE USE ONLY</u></b>	
Date of Receipt: _____	Received by: _____
Processed by: _____	Acknowledgment
date _____	Date: _____
Request Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reason(s), if not approved: _____	

**SUPPORTING DOCUMENTATION** examples/checklist:

*Did you remember to include?*

Board/Organizational Authorization (as representative)	<input type="checkbox"/>
Copy of sections/clauses needing amendment	<input type="checkbox"/>
Supporting research for new legislation/amendment (including suggested wording)	<input type="checkbox"/>
Any supporting research for legislation	<input type="checkbox"/>