

2. YOUR REQUESTS

I ask the Court to *(check all that apply)*:

- Deny the motion *(name of motion)*: _____.
 - Grant the motion *(name of motion)*: _____.
 - Other *(specify)*: _____.
-

DECLARATION

I declare under penalty of perjury under the laws of Chickaloon Village that I have made the allegations contained in this Response based upon my first-hand knowledge and therefore, believe that they are true.

Signature

Print Name

Date

*Return the completed and signed form via email to cvcourt@chickaloon-nsn.gov
or mail to P.O. BOX 1105 Chickaloon, AK 99674*