



## Oral Testimony Form

Full Name: \_\_\_\_\_

Tribe: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

If you are not a tribally-elected or appointed tribal leader, you must provide an authorizing Delegation of Authority or letter signed by the Tribal Chairman or Chairwoman on tribal letterhead. Please attach the authorizing documentation to this request.

\*Please scan and send this document to: [shanda.tubman@chenegalogistics.com](mailto:shanda.tubman@chenegalogistics.com)\*