Gu Achi District Backhoe Work Request Form

1. Use of the Backhoe shall *ONLY* be on Gu Achi District lands.
2. The priority for the backhoe use shall be for digging graves for human burials.
3. The second priority for backhoe use shall be for emergencies such as damages caused by nature and the protection of community persons and property.
4. The Gu Achi District Laborers will do their best to meet this request to your satisfaction.

I have read and agree to the four (4) guidelines listed which may occur during the time of my request.

Requester's Printed Name _____ Requester's Signature _____ Date _____

Tribal Enrollment# _____

Contact Number: _____

Please check one:

☐ Community Request ☐ Homesite Request ☐ Livestock Request

(sign in sheet must be attached)

What community do you live in?_____

(*Does not apply for community or livestock requests*)

Are you the homesite owner? ☐ Yes ☐ No

GADC Resolution #_____ and/or Date of Homesite Approval _____

If not, who owns the homesite? ___**(If not the homesite owner, the Requester MUST provide approval from the homesite owner, i.e. letter, telephone call, or in person)** (*Does not apply to community or livestock)*

Please provide a description of the work to be done. Only the work that is requested shall be done.

Note: If the backhoe request requires the assistance of Gu Achi District Laborers, please complete a Gu Achi District Laborer Request Form.

_____

_____

_____

Min=
1 Backhoe Bucket per request



Max=10 Dump Truck loads per request
(17 Backhoe Buckets= 1 dump truck)



Dirt or Wash Sand Request

Please indicate the number of loads.

Wash Sand:
____Backhoe Bucket
____Dump Truck

Dirt:
_____Backhoe Bucket
_____Dump Truck

Revised 5-19-26

**********OFFICE USE ONLY**********

_____ Approved _____ Disapproved

_____ _____

District Chair/Vice Chairperson's Signature Date

If disapproved state the reason:

_____

Notes:

_____

_____

Date of Backhoe Use: _____

Project Completion: _____

Project Supervisor Signature of Completion: _____

If not completed state the reason:

_____

_____

_____