



# CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

*Cultural Resources Protection Program  
Tribal Historic Preservation Office*

## **Request for Culturally Sensitive Information & Oral History Information**

### **Program Manager**

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### **Cultural Anthropologist/Ethnographer**

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### **Tribal Historic Preservation Officer**

Carey Miller

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**Department & Program and/or Person Requesting Information:**

**Date of Request:** \_\_\_\_\_ **Date Information Is Needed:** \_\_\_\_\_

**Research Subject Matter (topics or key words):** \_\_\_\_\_

**Reason for Request (please be very specific):** \_\_\_\_\_

**Is the information requested going to have public access?** Yes \_\_\_\_\_ No \_\_\_\_\_

**How is the information going to be used?** \_\_\_\_\_

**Is funding available to conduct the research?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, cost center #:** \_\_\_\_\_ **Amount \$ available:** \$ \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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(For CRPP/THPO Use Only)

**Received by:** \_\_\_\_\_

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

**Comments/Concerns:**