



HAWAIIAN HOME LANDS TRUST

Department of Hawaiian Home Lands

Proposed Legislative Action Request for 2017

Name: _____

Organization: _____

Address: _____

Email: _____

Lessee: Y / N

Applicant: Y / N

Beneficiary: Y / N

Issue: _____

Bill: Y / N

Resolution: Y / N

Other: Y / N

Statement explaining why you need the legislative action and what problem the legislative action is designed to correct?

Does your proposal require an amendment to the HHCA? Y / N

Does your proposal require funding? Y / N

If yes, how much funding? _____