

Department of Heritage, Lands & Natural Resources
BOX 130, Carcross, YT, Y0B 1B0 PHONE (867) 821-4251 ext: 8283, FAX (867) 821-4802

## LAND MANAGEMENT BOARD AGENDA INTAKE FORM

Date:	(yyyy/mm/dd)			
Name:	Organization:			
Contact Informati	: Phone: Email:			
Case Type:	☐ Presentation ☐ Decision Request ☐ Appeal ☐ Department Update			
	☐ Other:			
Issue:				
Background/Summ	ary of Request:			
Attachments:	1:			
	2			
	4			
	5			
Have you discussed	I this matter with an HLRN staff member:   Yes No			
If ves, Name	and Position:			
Date Discuss				
Time required with	LMB: hr(s) (min)			
Please note: Should	outside entities require and or request a ½ or full day meeting with LMB, they are required to			
	cover honorarium, travel, and meeting costs.			

Date received:		_ (yyyy/mm/dd)		
Accepted:	□ Yes □ No	Date:	(yyyy/mm/dd)	
Briefing Note Reque	sted: □ Yes □ No	Received:	(yyyy/mm/dd)	
Referred to LMB Me	eting Date:		_ (yyyy/mm/dd)	
CASE TYPE:				
□ Lease	☐ Mining	☐ Land Use	☐ Residential/Rezoning Lease	
☐ Trap Line	□ Natural Resources	□ Other:		
LMB DECISION:				
□ APPROVED	□ DENIED	□ DEFERED (ur	ntil):	
Case File #:		LMB DD#:		
Send to technical sup	port (HLNR):			
□ Heritage	☐ Land Manage	r 🗆 Senior M	anager□ Natural Resources	
☐ Farm/Garden	□ Field Operations Manager			
Send to C/TFN Dep	oartment:			
	☐ Capacity	☐ Infrast	ructure     Finance/HR	
☐ Governance	☐ Health & Wellness			
<ul><li>☐ Governance</li><li>☐ Farm/Garden</li></ul>	□ Health &			