

## LEGISLATIVE VISIT REPORT FORM

Date of Meeting: \_\_\_\_\_

District Number: \_\_\_\_\_

*(Circle One)*

State Assembly    State Senate    US Representative    US Senator

Name of Representative: \_\_\_\_\_

Met with: *(circle all that apply)*    Member    Staffer

Name of Staffer: \_\_\_\_\_ Title: \_\_\_\_\_

Position: *(circle one)*

Co-sponsor    Support (not co-sponsor)    Undecided    Oppose

Reasons given for position/comments: \_\_\_\_\_

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Additional information requested: \_\_\_\_\_

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***Please return this form to your District Network Coordinator***