

AMENDMENT LOG-IN SHEET

BILL NUMBER: _____

MEMBER: _____

OFFICE PHONE: _____

CONTACT PERSON: _____

LEG. COUNSEL CAPTION #: _____
(Top left corner - i.e., NAME.001)

NUMBER OF COPIES (55 Required): _____

DESCRIPTION INCLUDED? (Circle one): YES NO

DOES MEMBER WISH TO TESTIFY? YES NO