



## Legislator Meeting Report Form

Your Name: \_\_\_\_\_

e-mail/Phone: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

City, State: \_\_\_\_\_

Please complete all pertinent information.

My visit focused on the following issue(s):

\_\_\_\_\_

### Meeting #1

Legislator's Name: \_\_\_\_\_

Staff member in meeting (if applicable): \_\_\_\_\_  
(Scan and attach copy of business card if available)

\_\_\_\_\_ Supportive      \_\_\_\_\_ Opposed      \_\_\_\_\_ Wants additional info

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Meeting #2

Legislator's Name: \_\_\_\_\_

Staff member in meeting (if applicable): \_\_\_\_\_  
(Scan and attach copy of business card if available)

\_\_\_\_\_ Supportive      \_\_\_\_\_ Opposed      \_\_\_\_\_ Wants additional info

Comments:

\_\_\_\_\_

Email or fax completed form to: [ColleenEubanks@ncsea.org](mailto:ColleenEubanks@ncsea.org), or fax to 703.506.3266



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Meeting #3

Legislator's Name: \_\_\_\_\_

Staff member in meeting (if applicable): \_\_\_\_\_  
(Scan and attach copy of business card if available)

\_\_\_\_\_ Supportive      \_\_\_\_\_ Opposed      \_\_\_\_\_ Wants additional info

Comments:

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