

APCO-FLORIDA CHAPTER LEGISLATIVE TASK FORCE

Legislator Contact Report

1. Visited Office of: ___ Representative ___ Senator

2. Spoke with: (Other than Representative or Senator)

3. Date _____ Time _____ Length of Mtg. _____

4. Subjects Discussed:

5. Brief Summary and Impression:

6. What Follow-up is Needed?

Your Name _____ Phone # () _____

Return form to your regional representative