

Date/Time of Request _____ Request Taken By _____

Assemblymember Ben Hueso

MEETING REQUEST FORM

Name of Organization:	
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Day of the Week & Date:	
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Time:	
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Location Requested (Capitol or District, etc.):	
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Reason for Request:	
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Bill number & position (if any):	
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Contact Person Information:	Name	
	Organization & Title	
	Office Phone	
	Cell Phone	
	Email	

Meeting Attendees (Name, Title):	1.
	2.
	3.
	4.
	5.

Fax to Karin Means at 916-319-2179

FOR OFFICE USE ONLY									
MB	<input type="checkbox"/> Yes	<input type="checkbox"/> No	COS/DD	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff	<input type="checkbox"/> Yes	Name:	
Action Taken				Staff Initials			Date		