

Legislative Contact Report

Date of Contact: _____

Type of Contact: Telephone Personal Meeting Other (please specify) _____

Name of Legislator(s) and/or Legislative Staff:

If personal contact, please indicate the location:

Subject(s) Discussed:

Response of Legislator and Whether Follow-Up Is Needed:

Personal Information

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Regional District Name _____

Please Return By Mail or Fax To:

NHCMA
55 Realty Drive, Suite 300
Cheshire, CT 06410
Fax: (203) 699-2412