

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:

LACMA
707 Wilshire Blvd., Suite 3800
Los Angeles, CA 90017
Fax Number (213) 226-0350