

TCASK LEGISLATIVE VISIT FORM

Office Visited: Rep/Sen.

Party: Dem/Rep (circle one) **District #:**

Person Met With:

Position:

Date of Visit:

Name of Individual(s) or Group making visit:

Address:

City:

Zip Code:

Phone:

What talking points did you raise during your visit?

Did you make any specific asks?

What responses did you receive?

Did they make any commitments?

Did they request any additional information that TCASK can provide?

How would you rate the overall meeting?

Is this an office where you or the TCASK office can follow up?

Please return to TCASK, PO Box 120552, Nashville, TN 37212 ~ Fax: (615) 463-0070