

REQUESTER INFORMATION

Name Phone E-mail

REQUEST INFORMATION

Sponsor(s)

Subject

Name(s) and contact information of individual(s) the drafter is authorized to contact

Is this a reintroduction of a prior bill or LR? Yes No

Prior bill or LR # Year Version

Additional changes? Yes No *IF YES, PLEASE DESCRIBE THE CHANGES IN THE COMMENTS.

Is this similar to another bill or LR? Yes No

Similar bill or LR # Year Version

Is this a cross-file of an LR already requested? Yes No **Cross-file #**

Would you also like to request a cross-file of this request for another sponsor? Yes No **Sponsor**

Comments

****PLEASE ATTACH ANY ADDITIONAL COMMENTS AND SUPPORTING DOCUMENTS TO THE EMAIL WITH THIS FORM****