

Date / Time of Request _____ Request Taken By _____

Please print and fax the request form to 916-319-2161 or scan and email to
 Scheduler Soledad.Villalobos@asm.ca.gov

**ASSEMBLYMEMBER NORMA J. TORRES
 MEETING REQUEST FORM**

Name of Organization:	
------------------------------	--

Day of Week & Date:	
--------------------------------	--

Time:	
--------------	--

Location Request (Capitol or District, etc.):	
---	--

Reason for Request:	
----------------------------	--

Bill number & position (if any)	
---	--

Contact Person Information	Name	
	Organization & Title	
	Office Phone	
	Cell Phone	
	Email	

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

Please print and fax the request form to 916-319-2161 or scan and email to
 Scheduler Soledad.Villalobos@asm.ca.gov

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

Date / Time of Request _____ Request Taken By _____

Please print and fax the request form to 916-319-2161 or scan and email to
 Scheduler Soledad.Villalobos@asm.ca.gov
ASSEMBLYMEMBER NORMA J. TORRES
EVENT REQUEST FORM

Name of Organization:	
------------------------------	--

Day of Week & Date:		Time:	
--------------------------------	--	--------------	--

Location (Name & Address):	
---------------------------------------	--

Description of Event:	
Audience Size of Description:	
Elected Officials Attending:	

Asm. Torres' Role:	Requested role for Asm. Torres? Speech, Format or presentation details	
	Time Asm Torres will Speak or Present	
	Length of Speech or Presentation	
	Who will greet Asm Torres?	
	Who will introduce Asm. Torres?	

Contact Person Information:	Name	
	Organization & Title	
	Office Phone	
	Cell Phone	
	Email	

Logistics:	Proclamation Requested?	

FOR OFFICE USE ONLY					
Notes or Conflict:					
ME <input type="checkbox"/> Yes <input type="checkbox"/> No	Cert/Reso <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff <input type="checkbox"/> Yes Name:			
Action Taken		Staff Initials		Date	

