

Date/Time of Request _____ Request Taken By _____

Assemblymember Marty Block

EVENT REQUEST FORM

Name of Organization:	
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Day of Week & Date:	Time:	
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Location (Name & Address) :	
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Description of Event:	
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Audience Size & Description:	
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Elected Officials Attending:	
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Asm. Block's Role:	Requested role for Asm. Block? Speech, format or presentation details	
	Time that Asm. Block will speak	
	Who will accompany Asm. Block?	
	Who will greet Asm. Block?	
	Who will introduce Asm. Block?	
	Who will sit with Asm. Block?	

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

Logistics:	Proclamation Requested?	
	Microphone & Podium Available?	

FOR OFFICE USE ONLY

Notes or Conflict:				
MB <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