

## Legislative Contact Report

Date of Contact: \_\_\_\_\_

Type of Contact:  Telephone     Personal Meeting     Other (please specify) \_\_\_\_\_

Name of Legislator(s) and/or Legislative Staff:

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If personal contact, please indicate the location:

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Subject(s) Discussed:

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Response of Legislator and Whether Follow-Up Is Needed:

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### Personal Information

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Regional District Name \_\_\_\_\_

**Please Return By Mail or Fax To:**

HCMA  
55 Realty Drive, Suite 300  
Cheshire, CT 06410  
Fax: (203) 699-2412