

# Tear Off Work Sheet

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## **(1) Your Elected Officials**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Staff member \_\_\_\_\_

Contact info \_\_\_\_\_

## **(2) Your Issues**

What do you support/oppose?

\_\_\_\_\_

\_\_\_\_\_

Bill number and author

\_\_\_\_\_

## **(3) Why do you support/oppose (be brief and focused)**

Impact (personal story, work experience, or official position)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Recommendations/suggestions

\_\_\_\_\_

\_\_\_\_\_

Answers to questions you might be asked

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_