

Tear Off Work Sheet

(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
