

Date / Time of Request \_\_\_\_\_ Request Taken By \_\_\_\_\_

Please print and fax the request form to 916-319-2161 or scan and email to  
 Scheduler [S&@ã~|^!E/|^•Oæ{B&E|ç](mailto:U&@a~|^!E/|^•Oæ{B&E|ç)

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

<b>Name of Organization:</b>	
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<b>Day of Week &amp; Date:</b>	
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<b>Time:</b>	
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<b>Location Request ( Capitol or District, etc.):</b>	
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<b>Reason for Request:</b>	
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<b>Bill number &amp; position ( if any)</b>	
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<b>Contact Person Information</b>	<b>Name</b>	
	<b>Organization &amp; Title</b>	
	<b>Office Phone</b>	
	<b>Cell Phone</b>	
	<b>Email</b>	

<b>Meeting Attendees (Name, Title):</b>	1.	
	2.	
	3.	
	4.	
	5.	

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 Scheduler [U&@ã~|^!E/|^•Oæ{B&E|ç](mailto:U&@a~|^!E/|^•Oæ{B&E|ç)

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

Date / Time of Request \_\_\_\_\_ Request Taken By \_\_\_\_\_

Please print and fax the request form to 916-319-2161 or scan and email to

Scheduler [Scheduler.Torres@asm.ca.gov](mailto:Scheduler.Torres@asm.ca.gov)  
**ASSEMBLYMEMBER NORMA J. TORRES**  
**EVENT REQUEST FORM**

<b>Name of Organization:</b>	
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<b>Day of Week &amp; Date:</b>		<b>Time:</b>	
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<b>Location (Name &amp; Address):</b>	
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<b>Description of Event:</b>	
<b>Audience Size of Description:</b>	
<b>Elected Officials Attending:</b>	

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

<b>Contact Person Information:</b>	<b>Name</b>	
	<b>Organization &amp; Title</b>	
	<b>Office Phone</b>	
	<b>Cell Phone</b>	
	<b>Email</b>	

<b>Logistics:</b>	<b>Proclamation Requested?</b>	

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

