



## REQUEST FOR ADVOCACY FORM

Please complete this Request for Advocacy Form and email or fax the completed form and supportive documentation to: [juan@cahcc.com](mailto:juan@cahcc.com); (916) 669-2870.

Please submit the following documents with this form:

Questionnaire – Provide the answer to the following questions

How does your request align with our [2015 Legislative Priorities](#)?

Does this impact the Chambers of Commerce, Business Organizations, and the Hispanic business community?

How would an action from the CHCC influence the outcome?

Fact Sheet and Analysis

Support/Opposition Letter Template

Support and Opposition List

About your company/organization (Legislative Priorities)

*\*Any other documentation to support your request.*

### CHCC AFFILIATION (Check one):

Certified Chamber/Affiliate Member

Corporate Member

Elected Official

Statewide Business Advocacy Partner

None of the above

### CONTACT INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### ADVOCACY REQUEST INFORMATION

Bill Number: \_\_\_\_\_ Title: \_\_\_\_\_

Author: \_\_\_\_\_ Party: \_\_\_\_\_ District: \_\_\_\_\_

Status: \_\_\_\_\_ Next Hearing: \_\_\_\_\_

Are you the Sponsor? \_\_\_\_\_

Action Requested: \_\_\_\_\_

Urgency Level: \_\_\_\_\_