

National Fuel Funds Network
National Action for LIHEAP
March 23 – April 9, 2010

Legislative Visit Report Form

Office Visited: _____

Met with Senator or Representative personally: Yes No

Met with the following staff persons: _____

Summary of position on LIHEAP:

Information or other follow-up needed: _____

Comments:

Your Information
Name: _____
Phone: _____
Email: _____

Please return by mail, fax or email to:



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