

ADVOCACY REQUEST REGARDING AN ISSUE
Florissant Valley Chamber of Commerce

Issue: _____

Individual Making Request: _____

Organization Represented, if any: _____

Purpose(s) of the Request: _____

For further information, call: _____

The Nature/Scope of Issue: _____

Projected Community Impact: _____

Positive aspects: _____

Concerns: _____

Impact on the business community: _____

Impact on the community: _____

Response needed by (date): _____

Individual making request: _____

Signature: _____ Date: _____

Relationship of signatory to the organization, if applicable: _____

For Committee and Board Action

Recommended to Board for Action: _____ Date: _____

Not Recommend to Board: _____ Date: _____

Board Action: _____ Date: _____