

PSAB Legislative Contact Sheet

The Pennsylvania State Association of Boroughs is in the process of fine-tuning its Legislative Contact Network. This is the network by which our members *commit* to contacting legislators when there is an immediate need. To be politically effective, we need to establish effective records that indicate which PSAB members *are contacting*, or *will contact*, their state and federal legislators whenever we have urgent calls to action or other important information. This will help us identify any gaps we will need to fill by some other method. We also would like to know the level of your relationship with the legislators you typically contact and the type of contact you have with this legislator. Our database system will allow us to use this information internally to maximize our effectiveness. **This information will not be shared outside of the PSAB offices.**

Please complete a separate form for *EACH* legislator you know and contact. This is for all PA legislators as well as U.S. Congressional members. (Please print clearly & attach a separate sheet if needed)

Your
Name _____ County _____ Borough _____ Title _____

Your contact information (address, fax, email, etc., which enables PSAB to promptly notify you):

The State Representative, Senator or Member of Congress that you commit to serving as a contact to:

Check which applies:

- This is the legislator whose district includes my borough and I am also their constituent.
- This is a legislator for other sections of my borough yet I am **not** their constituent.
- This is a legislator who I know but does not fit either of the above situations.

Please check one only for your preference of commitment:

- I am willing to commit to be a **keyperson** contact for this legislator (This means you will try to always respond to an action alert by calling this legislator) **OR**
- I am willing to be an **active** contact for this legislator (This means I will try most of the time to respond to an action alert by emailing or faxing this legislator) **OR**
- I will contact **when possible**

Please check all of the following which apply to your relationship with this legislator:

- | | |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I have personally contacted this legislator | <input type="checkbox"/> We attend the same church/synagogue/mosque |
| <input type="checkbox"/> He/she is a close personal friend | <input type="checkbox"/> We are in the same club or organization |
| <input type="checkbox"/> He/she is a casual friend | <input type="checkbox"/> He/she visited me at my borough. |
| <input type="checkbox"/> He/she is a relative | <input type="checkbox"/> Other: Describe any other personal relationship you may have with this legislator: |
| <input type="checkbox"/> He/she is a neighbor | _____ |
| <input type="checkbox"/> I financially contribute to his/her campaign | |
| <input type="checkbox"/> I have helped on his/her campaign. | |

_____ Insert a number from 1 to 5 which indicates the strength of your relationship with this legislator on a scale of 1 to 5, with 1 being very weak and 5 being very strong.

Please return to Pennsylvania State Association of Boroughs

Attn: Government Affairs Department
2941 North Front Street, Harrisburg, PA 17110
Fax 717.236.8289 email: etroxell@boroughs.org

Thank you for your willingness to help – it will ultimately benefit you and your borough