



REQUEST FORM FOR MISSOULA AREA CHAMBER OF COMMERCE ADVOCACY SUPPORT

Date Submitted to Chamber: _____

Subject/Issue/Position/Action Requested of the Chamber:

Request Submitted by: _____

Contact Person: _____ Title: _____

E-mail: _____ Business Phone: _____

Cell Phone #: _____

TIMELINE CLASSIFICATION:

- Submit for consideration during monthly GA meetings/board process
- Time sensitive** (24 hours or less)

Other details:

SUBMIT REQUEST TO:

Kim Latrielle, CEO/President

Missoula Area Chamber of Commerce

kim@missoulachamber.com
