

**COMMUNITY HEALTH ACTION COALITION  
ADVOCACY REQUEST FORM**

1. Name of CHAC member making request:

2. What is the issue for which advocacy is requested?

3. What action is requested?

a. Information dissemination (how?) \_\_\_\_\_

b. Take a position (how?) \_\_\_\_\_

c. Publicize position (how?) \_\_\_\_\_

4. If any action is requested, please address the following:

Pros (positive aspects) of implementation of the policy or action supported:

Cons (negative aspects) of implementation of the policy or action supported:

Local impact of the policy or action supported (use data and actual numbers if possible):