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|  | | | | **Attorney General Chris Carr**  **Meeting Request Form** | | | | | | |
| **Name/Position/Title** |  | | | | | | | | | |
| **Company/Organization** |  | | | | | | | | | |
| **Nature/Vision of Company/Organization**  \*Please include a “who we are” briefing |  | | | | | | | | | |
| **Street Address** |  | | | | | | | | | |
| **City** |  | **State** | | | |  | | **Zip** |  | |
| **Phone Number** |  | **Cell Number** | | | |  | | | | |
| **Email Address** |  | | | | | | | | | |
| **Assistant’s Name** |  | | | | | | | | | |
| **Assistant’s Email Address** |  | | | | **Assistant’s Phone Number** | | | | |  |
| **Meeting Details** | | | | | | | | | | |
| **Affiliated Agencies**  (if applicable) |  | | | | | | | | | |
| **\*Officials/Special Attendees** |  | | | | | | | | | |
| **\*Attendees**  (please list the name & title of each attendee) |  | | | | | | | | | |
| **\*Topics to be discussed**  (please be specific) |  | | | | | | | | | |
| **\*\*Date/Time**  (Please provide up to 3 requested dates with available times in order of priority.) | **Preferred Date** | | **Option 2** | | | | **Option 3** | | | |
|  | |  | | | |  | | | |
| Please email to Amanda Rutherford | [arutherford@law.ga.gov](mailto:arutherford@law.ga.gov)  \*Required information needed before a meeting can be confirmed.  **\*\*Please be advised that Attorney General Carr’s schedule is subject to change due to unforeseen circumstances. In the event that this meeting needs to be rescheduled, you will be notified as soon as possible.** | | | | | | | | | | |