**\*\*\*\*\*USE YOUR OWN LETTERHEAD\*\*\*\*\***

**[Make This Request At Least 30 Days In Advance]**

**[INSERT DATE]**

**To:** Scheduler

Office of **[Senator or Representative INSERT NAME OF SENATOR OR REPRESENTATIVE]**

**Fax Number:** **[INSERT THE SCHEDULARS FAX NUMBER] (Found on:**[*http://capwiz.com/chestnet/dbq/officials/*](http://capwiz.com/chestnet/dbq/officials/)**)**

**From:** **[INSERT YOUR NAME]**

**Re:** Constituent Meeting Request

I respectfully request to meet with **[Senator or Representative INSERT NAME OF SENATOR OR REPRESENTATIVE]** on **[INSERT Day, Month Date, Year, *ie* Monday, April 16, 2008]** between the hours of **[INSERT TIME RANGE, *ie* 1 pm and 3 pm]**. I am a constituent from **[INSERT CITY (WHERE YOU LIVE, NOT WORK), STATE]**, and I am a member of the American College of Chest Physicians (ACCP). I would like to meet with the **[Representative/Senator]** to discuss health-care issues that impact my ability to care for my patients and **[HIS/HER]** constituents.

Thank you in advance for your assistance. I look forward to speaking with you soon to schedule a meeting with **[Senator or Representative INSERT NAME OF SENATOR OR REPRESENTATIVE]**.

Sincerely,

**[INSERT SIGNATURE]**

**[INESRT YOUR NAME]
[HOME ADDRESS]
[TELEPHONE NUMBER]
[FAX NUMBER]
[E-MAIL ADDRESS]**