



WEEKLY LEGISLATIVE REPORT

As a township official of a member township of the MTA, the MTA Legislative Department provides a *Weekly Legislative Report* to townships that sign-up or have signed up to receive it. Due to new FCC/TCPA regulations, we are required to receive written permission to send out the *Report*. Occasionally, the *Report* may contain information related to MTA seminars and services. **Please fill out and fax or mail it back to MTA if you wish us to place your township on our list to receive the *Report*. If you are currently on our list, but did not return a form to us in the past year, please help us update our files and meet FCC/TCPA regulations by filling out this form so that we have one on file.** Also, we have set-up a database that will allow you to receive the *Report* by fax or by e-mail. We will send the primary recipient's copy to the preference indicated below. However additional copies to the secondary recipient(s) will only be sent via e-mail. *We ask for your patience in making the switch between going from fax to e-mail.*

PRIMARY RECIPIENT FOR TOWNSHIP (The township elected official who distributes the *Report* or will have someone in their office distribute the *Report* to the other officials in your township not receiving it as secondary recipients.):

NAME: _____ TITLE: _____

TOWNSHIP: _____ COUNTY: _____

FAX : _____ This is my personal fax number.
(Please be sure to include the area code.) This is the township's central fax number.

E-MAIL ADDRESS: _____

This is my personal e-mail (not used by anyone else in township). This is the township's central e-mail (Other officials in township also use it).

As the primary recipient, I would prefer to receive the *Weekly Legislative Report* via:

FAX or E-Mail **Signature (Authorization) :** _____

SECONDARY COPIES OF LEGISLATIVE REPORT PROVIDED TO OTHER TOWNSHIP ELECTED OFFICIALS:
(Please give us the personal e-mail address you use for township business. Do not fill in this section if the e-mail address is the same as the primary recipient's because our system removes duplicate e-mail addresses before sending.)

NAME: _____ TITLE: _____

E-MAIL ADDRESS: _____

NAME: _____ TITLE: _____

E-MAIL ADDRESS: _____

(If you have additional people to be added as secondary recipients, please duplicate this form — Please be sure to indicate the township and county on the duplicated form.)

**Thank you for your assistance in helping us dating our records.
MTA Legislative Department
Fax Number: (517) 321-8908**