

NEW YORK STATE ASSEMBLY REPRESENTATIVE

NY State Assembly District: _____

Representative: _____

Albany Office: Room: _____ Legislative Office Building: _____

Albany, NY _____

Phone: _____ Fax: _____

E-Mail: _____

Appointments contact: _____

District Office: Address: _____

City: _____ State: NY Zip code: _____

Phone: _____ Fax: _____

E-Mail: _____

Committee Memberships: _____
