



AMENDMENT SUBMISSION FORM

Bill Number: _____

Primary Sponsor: _____

Cosponsors (if any):
(200 Characters)

Contact Person: _____

Contact Phone – Direct: _____ Cell: _____

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Leg. Counsel Caption # (i.e., NAME_001): _____

Description:
(140 Characters)

Is this a REVISION?

YES

NO

*IF YES, Please provide the Amendment Number
as listed on the Original Leg. Counsel Caption* _____

Make sure the following requirements have been met:

100 copies of amendment

Submission form with a short description of amendment [1-2 sentences]

Amendment text and Submission Form emailed to: T&IAmendments@houseemail.house.gov

SUBMIT BUTTON to submit the completed Submission Form – please **attach** amendment text to this email.