

MISSOURI'S JOINT COMMITTEE ON LEGISLATIVE RESEARCH OVERSIGHT DIVISION

STATE AGENCY FISCAL NOTE AUTHORIZATION FORM

Each year Oversight assembles a list of organizations that will be involved with fiscal notes. Please fill out the chart below by providing each contact's name, email address, phone number, and after hours phone number for authorized employees. Please check the appropriate column for receiving legislation and/or sending responses to legislation. Personnel authorized to **receive** will receive legislation from Oversight via email (note – please include any email addresses dedicated to the fiscal note process). Personnel listed to **send** official responses will be authorized to respond on behalf of your organization regarding the fiscal impact. It will be the responsibility of your organization to notify the Oversight Division of any changes in fiscal note contacts or authorized individuals.

State Agency _____

Division _____

Contact Name	Email	Office Phone	Receive Drafts (X)	Send Responses (X)	After-hours Phone

We understand that we will be receiving information from the Oversight Division which may be privileged, confidential, and exempt from disclosure under applicable law. We accept responsibility for maintaining proper security of this information.

Approval Signature _____ Date _____

Please email completed form to FISCAL.NOTE@LR.MO.GOV or fax to 573-751-7681