



# ACTION INQUIRY

Tracking Number #

Part I. To be completed by Initiator and routed to Association Chair		
Association Name:		Date:
Delegate Name:		Phone:
Street Address:		
City:	State:	Zip Code:
Originator Name: <i>(If different from Delegate)</i>		Phone:
Street Address:		
City:	State:	Zip Code:
Attention Association Chair:		
Nature of Inquiry (or issue/concern)		
Attachment: Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Initiator Signature:
Part II. To be completed by Association Chair, 1 copy filed, the original and 2 copies routed to Board Second Vice Chair		
Copy Filed: <input type="checkbox"/>	Original & Copies routed: <input type="checkbox"/>	Date:
		Initials:
Part III. To be completed by Board Second Vice Chair, 1 copy and the original retained and 1 copy routed to Responsible Party		
Tracking No. Assigned: <input type="checkbox"/> <i>(see top, right of form)</i>		Date:
Policy Inquiry: <input type="checkbox"/>		Initials:
Responsible Party:		Date:
Action Plan:		Due Date:
Part IV. To be completed by Board Second Vice Chair on the retained original and 1 copy		
Resolution Received: <input type="checkbox"/> <i>(see attachment)</i>		Date:
Disposition:		Date:
Action Inquiry Closed: <input type="checkbox"/>		Date:
Board Second Vice Chair Signature:		Date:
Comment(s):		