**Template Form for a Report Back Request**

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| *Instructions for using the form:* * *Select the entire form below the red box*
* *Copy the entire form*
* *Paste the entire form into the body of an email*
* *Fill in the form in the email*
* *Copy the email address* *cabpapers@dpmc.govt.nz* *into the “to” line of the email*
* *Send the email*
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| *Report Back Extension / Cancellation Request* |
| **Name and portfolio of Minister:** |  |
| **Confirm that this request has been made by the Minister:** | Check box to confirm ☐ |
| **Title of minute** | Click here to enter text. |
| **Minute business ID** | Click here to enter text. |
| **Type of request** | Click here to enter text. |
| **Reason for request** | Click here to enter text. |
| **Comments (optional)** | Click here to enter text. |
| **Minister’s office contact name and #** | Click here to enter text. |
| **Agency contact name and #** | Click here to enter text. |
| ***Write ‘Report back request for [insert Cabinet or committee identifier]’ in the subject line and email this form to:*** cabpapers@dpmc.govt.nz |