For office use only:	ED/B&IA	C&M	I&L	NR	N&I	E&R	SA/TAX	TR/E/H&S

Open Session of MFB Policy Development Committee

(PLEASE PRINT CLEARLY)

DELEGATE NAME _____ COUNTY _____

TYPE OF CHANGE:

___ Amendment to Current Policy

Resolution # _____

Resolution Title _____

Line # _____

___ Proposed New Policy

PROPOSED LANGUAGE: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please provide 3 copies of the completed Amendment Form.

For PD Committee use only:

ACTION TAKEN: