# 2020 Administrative RuleProposed Rule and SONAR Form Revisor’s ID Number:

Submitting Agency: Date:

Rule Contact:

Email Address: Phone #:

|  |  |
| --- | --- |
| Title:(Short descriptive title) |  |
| Chapter number(s): |  |
| Comments received during Request for Comments: |  |
| Statement of Need and Reasonableness (SONAR) Executive Summary: |  |
| Supporters, opponents, and possible controversies: |  |
| List significant changes from preliminary proposal: |  |
| Other: |  |

| **Fiscal Impact:** |  | Yes |  |  | No | \*If the Fiscal Impact determination has changed, please explain above.\* |
| --- | --- | --- | --- | --- | --- | --- |
| **AGENCY: Attach draft rules and SONAR.** |  |  |
| Commissioner's Signature |  | Date |

\*\*\*THIS SECTION TO BE COMPLETED BY THE GOVERNOR'S OFFICE\*\*\*

I have reviewed the above information and have approved this administrative rule. The respective Agency may formally publish a Notice of Intent to Adopt Proposed Rules.

Governor's Policy Advisor Date