# Administrative RuleProposed Rule and SONAR Form

Revisor’s ID Number: R-####

NOTE: This form is written to supplement the *Preliminary Proposal Form* for this case.

## Submitting agency:

formal agency name

## Rule contacts:

list names, title/unit, phone, email

## Rule title:

rule title or brief description

## Chapter number(s):

text

## Comments received during Request for Comments:

text or Not Applicable for this rule type

## Statement of Need and Reasonableness (SONAR) Executive Summary:

text

## Supporters, opponents, and possible controversies:

text [and state how you know these conclusions]

## List significant changes from the preliminary proposal, if any:

text

## Other information for the governor’s office, if any:

text or Not Applicable

## Fiscal impact for agency:

 [ ]  Yes [ ]  No [ ]  Undetermined (If the fiscal impact determination has changed, do 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 these proposed rules.

Governor's Policy Advisor Date