

DIRECTIVE REVIEW AND COMMENT FORM FOR: (Check One)

DISTRIBUTION  
DATE \_\_\_\_\_

\_\_\_\_ EXECUTIVE OR EMERGENCY ORDER

\_\_\_\_ EXECUTIVE POLICY

\_\_\_\_ DEPARTMENT POLICY

\_\_\_\_ PUBLIC OR EMERGENCY RULE

TO:

FM: \_\_\_\_\_  
(Department, Division, Section)

RE: \_\_\_\_\_  
(Title of document to be reviewed)

FOR QUESTIONS OR CLARIFICATIONS, PLEASE CONTACT:

\_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM BY \_\_\_\_\_ (must be at least 45 days after distribution for public rules)

TO: \_\_\_\_\_

Upper portion of form completed by issuing department

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Bottom portion of form completed by reviewing department.

COMMENTS:

\_\_\_\_ CONCUR

\_\_\_\_ DO NOT CONCUR, FOR REASONS  
INDICATED

\_\_\_\_ CONCUR, WITH RESERVATIONS  
INDICATED

\_\_\_\_ NO COMMENT

RESERVATIONS, REASONS FOR NON-CONCURRENCE, RECOMMENDATIONS OR COMMENTS:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Phone: \_\_\_\_\_