



Code Change Proposal Form

Department of Safety and Professional Services

Division of Policy Development

Code section number: _____

Topic: _____

A. Proposed change:

B. Justification: (Use page 2 or attach a separate page.)

1. Describe the problem this proposed change would address. Include information to substantiate that a problem exists.
2. What is the extent of the problem?
How often does it occur and who does it affect?
3. What will happen if this change is not made?
4. What costs, in terms of time and money, are associated with implementing this change?

Name of person submitting form: _____

Organization: _____

Address: _____

Phone Number: _____

Email Address: _____

**Send completed form to:
DPSAdminRules@Wisconsin.gov**

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