EMAIL FORM

TO: LOCAL HEALTH DEPARTMENTS (NOTE: If you use GroupWise, contact all of the Local Health Officers' with one email address: Local_Health_Officers)

FROM:

CC: regs@dhmh.state.md.us

RE: REGULATIONS QUESTIONNAIRE

This office is in the process of developing regulations on COMAR 10._____. This proposal (give a brief summary of the purpose of the proposed action).

If you would like to be involved in the development of this proposal, please check one of the following choices:

_____ (1) Be put on a mailing list for the FINAL version.

_____ (2) If a committee or workgroup is established to develop the regulations, I would be interested in being a member.

_____ (3) Receive ALL drafts.

_____ (4) Receive FINAL draft 10 working days before the Administration's submission to the Deputy Secretary's Office for sign off, if time permits.

_____ (5) Not interested.

If you would like further information regarding this proposal, please contact _____,

Please email your response back to this office within 5 working days or we will assume you are not interested in being involved in the development of this proposal.

Thank you for your immediate attention to this matter.