

CBHA Proposed Rule Change – 2024

Return to CBHA office by October 31

Title: _____

Submitted By:

Name: _____

Address: _____

Email: _____

Phone Number: _____

Description of Proposed Change:

Please provide a detailed description of the proposed rule change, including any current rule(s) being modified or replaced.

Justification for Proposed Change:

Explain the reasons for the proposed change, including potential benefits to the community.

Signature:

By signing below, I confirm that the information provided is accurate and that I am a member in good standing of the CBHA.

Signature: _____

Date: _____