



# DIRECTOR'S ACTION REQUEST

<b>To: Charlton H. Bonham, Director</b>		<b>Date:</b>	
<b>Subject: (Select One)</b>			
<input type="checkbox"/> For Director's Signature		<input type="checkbox"/> Request for Approval	
<input type="checkbox"/> For Director's Information		<input type="checkbox"/> Other:	
<b>Issue Statement:</b>			
<b>Summary of Implications:</b>			
<b>Effects on Existing Law or Regulation:</b>			
<b>Estimated Costs:</b>		<b>Time Factor or Limitations:</b>	
<b>Recommended Action:</b>			
<input type="checkbox"/> LRB Review/Signature _____		<b>Date:</b> _____	
<input type="checkbox"/> Legal Office Review/Signature _____		<b>Date:</b> _____	
<input type="checkbox"/> Enforcement Review/Signature _____		<b>Date:</b> _____	
<input type="checkbox"/> OCEO Review/Signature _____		<b>Date:</b> _____	
<b>Author's Signature:</b> Typed Name: _____	Title: Div/Reg/ Branch: _____	Date: _____	Phone: _____
<b>Supervisor's Signature:</b> Typed Name: _____	Title: Div/Reg/ Branch: _____	Date: _____	Phone: _____
<b>Branch Chief or Reg. Mgr. Signature:</b> Typed Name: _____	Title: Div/Reg/ Branch: _____	Date: _____	Phone: _____
<b>Deputy Director's Signature:</b> Typed Name: _____	Title: Div/Reg/ Branch: _____	Date: _____	Phone: _____
<b>Signed:</b> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">   <b>Chief Deputy Director</b> </div> <div style="text-align: center;"> <b>Date</b> </div> </div>			
<b>Signed:</b> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">   <b>Charlton H. Bonham, Director</b> </div> <div style="text-align: center;"> <b>Date</b> </div> </div>			