**Section 1125.APPENDIX A Petition Before the Illinois Department of Public Health Requesting the Promulgation, Amendment, or Repeal of a Rule**

A. Petitioner:

1. Name of Petitioner (if Petitioner is representing an individual on whose behalf the Petition is filed, state both names):

2. Name and mailing address of the party to which the Department will direct its response and other necessary communications:

B. Type of Request (circle one):

Promulgation Amendment Repeal

C. Interest. State the particular interest of the Petitioner (or, if relevant, the individual on whose behalf the Petition is being filed) in the action requested:

D. Request:

1. If the request is for amendment or repeal of an existing rule(s), identify the particular rule(s) in question.

2. If the request is for promulgation of a new rule(s), identify the program area or subject matter of the proposed new rule(s).

3. If the Petition is for amendment of a rule or rules, describe in as much detail as possible the nature of the amendment(s) requested. If possible, include a suggested text of the rule(s) as (it) (they) would appear if amended in accordance with the Petition. If the Petition is for promulgation of a new rule or rules, describe in as much detail as possible the content of new rule or rules. If possible, include a suggested text of the proposed rule(s).

4. Discuss in as much detail as possible the reasons for and basis of the Petition. Include any pertinent references such as documents, source materials, actual cases or events. Attach any relevant and supportive documentation.

5. Discuss, to the extent possible, the adverse or beneficial effect, if any, that you believe the amendment, repeal, or promulgation requested will or could have on the public health in Illinois (or in a broader area, if relevant).

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| Signed: | | | | | | |
|  | | | | | | |
| Name of Petitioner or Representative | | | | | | |
|  | | | | | | |
| Position | | | | | | |
| Dated this |  | day of |  | , |  | . |

NOTE: If additional space is needed to answer any question, complete your answers on 8½ x 11 inch paper and attach to this Petition.

Send by U.S. Mail (or deliver personally) 2 completed copies of the Petition, with one copy of any accompanying documentation, to:

Office of the Director

Illinois Department of Public Health

535 West Jefferson Street

Springfield, Ill. 62761

If, within 30 days after submission of a Petition, the Department has not initiated rule-making proceedings in accordance with Section 5-35 of the Illinois Administrative Procedure Act, the Petition shall be deemed to have been denied. This denial does not, however, preclude the Department from later initiating rule-making proceedings according to the Petition.

(Source: Amended at 24 Ill. Reg. 86, effective December 15, 1999)