

# Illinois Department of Public Health Draft Ordinance Submittal Form

## **Part I**

Organization Name \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State and ZIP \_\_\_\_\_  
Contact person \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**N/A-** Submitter certifies that 77 IL Admin Code 890 is proposed to be adopted by reference without modification, exception or additions by the submitting unit of local government.

\*\*If marked N/A, do not complete Part II of this form

## **Part II**

Proposed Ordinance Language	Purpose	Justification

Date reviewed: \_\_\_\_\_

- Tentatively approved       Denied in part (see IDPH response)       Rejected