ADVISORY OPINION REQUEST FORM

Attach additional pages as necessary and any documentation, research, or other evidence that you request the Department to consider.

Name of Requestor (individual or business entity): __________________________________________

Address: __________________________________________

City: ___________________________ State: _______________ County: __________

Zip Code: _______________ Phone Number: __________________

Email: _______________

The above individual or business entity requests an:  □ Advisory opinion  □ Reconsideration request

If this is a reconsideration request or comment, the application Advisory opinion number: _______________

Question or issue to be addressed: __________________________________________

Applicable statutes, regulations, ordinances, or other authority: __________________________________________

Proposed response, comment, or basis for reconsideration request: __________________________________________

To your knowledge, is the question for which you request an advisory opinion or reconsideration pending before, under investigation by, or recently decided by a court or government entity?  □ Yes  □ No

If yes, please identify the court or government agency, any case or proceeding number, and filing dates of the proceeding or investigation __________________________________________.

Signature of Requestor or Requestor's Agent __________________________________________ Date __________________

Signer's Name and title if requestor is a business entity __________________________________________ Date __________________