

Code Clarification Request

Wisconsin
Department of
Commerce



Division
of Safety
and
S...

Code section number _____

Topic _____

A. Clarification requested _____

B. Justification: (**Use reverse side**, or attach a separate page.)

1. Describe the problem this proposed clarification would address.
Include information to substantiate that a problem exists.
2. What is the extent of the problem?
How often does it occur and who does it affect?
3. What will happen if this clarification is not issued?
4. What costs, in terms of time and money, are associated with implementing this clarification?

Name _____

Address _____

Send requests to Program Development Bureau PO Box 2689 Madison WI 53701-2689, or email them to norma.sampson@wi.gov. For more information, call 608-267-7907.

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