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| **DepartmenT of Health Services**  Office of Legal Counsel  F-01924 (03/2019) | | | **STATE OF WISCONSIN** | | |
| **PUBLIC COMMENT ON STATEMENT OF SCOPE**  **OR PROPOSED RULE** | | | | | |
| **PURPOSE:** The Wisconsin Department of Health Services welcomes input from stakeholders and the public during the development of administrative rules. This form may be used to provide comments on Statements of Scope or proposed rules.  **INSTRUCTIONS:** Please submit this completed form to the “Department Contact” indicated in the Statement of Scope or proposed rule.  **USE OF COMMENTS:** Comments are voluntary. Information provided on this form is voluntary and may be used for reporting under ss. 227.136 (5) and 227.19 (3) (c), or for any other purpose authorized by law. | | | | | |
| Statement of Scope or Rule Number | | | | Date of Comment | |
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| **COMMENTER** | | | | | |
| Name | | County | | | Representing |
|  | |  | | | Self  Organization/Business/Association |
| Comment Text | | | | | |
|  | | | | | |
| Attachments? | Yes  No Description of Attachment: | | | | |