

Date Received: _____

Assigned to: _____

Due Date: _____

Civil Service Commission
Department of Human Resources
City and County of Honolulu
650 South King Street, 10th Floor
Honolulu, Hawaii 96813

PETITION FOR RULE MAKING:

- Adopt New Rule
 - Amend Existing Rule
 - Repeal Existing Rule
- (check appropriate one)

Name of Petitioner: _____ Telephone: _____

Address: _____

Rule Being Petitioned: _____

Statement of Petitioner's Interest: _____

Draft or Substance of Proposed Rule or Amendment: _____

Statement of Reasons in Support of Proposed Rule, Amendment or Repeal: _____

(attach written evidence and supporting affidavits)

Request for a Hearing (optional by Petitioner): _____

(statement of reason(s) in detail for a hearing)

Signature of Petitioner

Authorized Agent, if any

Address

Telephone:

Submit original plus 8 copies
typewritten or in ink. For
additional space, use plain
8 1/2 " x 11" sheets and attach.