MAINE DEPARTMENT OF CORRECTIONS PETITION TO REQUIRE AGENCY RULEMAKING COVER SHEET

	FOR AGENCY USE			
	Date:			
	Received by:	Si	gnature	
We, whose signature			ition the Department of Corrections	
Adopt a New Ru	ale Modify	a Rule	Repeal a Rule	
The proposed change	e would (summarize co	entent and impact of proposal):*	
The text of the new of	or modified rule would	read:*		
use additional page((s), if necessary			
For the purposes of cepresentative the fo		e agency concerning this peti	tion, the petitioners designate as their	
N. N.		-		
Name)				
Mailing Address)		-		
Telephone Number)		-		