



**DEPARTMENT OF PUBLIC SAFETY
TRANSMITTAL FOR REVIEW OF DRAFT**



TO:	FROM:
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ATTACHED IS DRAFT POLICY/PROCEDURE, _____, SUBMITTED FOR YOUR REVIEW AND INPUT. THIS IS FORWARDED TO YOU ON _____ AND A RESPONSE IS DUE BY _____. IF APPROPRIATE, PLEASE HAVE OTHER STAFF MEMBERS REVIEW THIS DRAFT. IDENTIFY EACH REVIEWER WITH HIS/HER CORRESPONDING COMMENTS BELOW. SIGN AND DATE THIS FORM ONCE THE REVIEW IS COMPLETED. IT IS NOT NECESSARY TO COMPLETE THIS FORM IF YOU DO NOT HAVE COMMENTS.

DRAFT POLICY/PROCEDURE

SUBJECT:	NUMBER:
	SUPERSEDES:

REVIEWED BY:

COMMENTS/RECOMMENDATIONS:

I HAVE REVIEWED THE ATTACHED DRAFT AND/OR SUBMITTED IT TO CERTAIN MEMBERS OF MY STAFF FOR THEIR REVIEW. COMMENTS ARE NOTED ABOVE AND/OR ATTACHED ON A SEPARATE SHEET.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____