## PETITION FOR RULE CHANGE OR CLARIFICATION

Petitioner Name:				Phone #	
Address:					
City:	ST:	Zip:			
Email Address:					
				_	
Issue:					
Relevant Rule: Section			Page #		_
Desired Outcome:					
Reason change is necessary:					
*What are the side effects? (Ex	ample: 20 n	ew classes,	records voi	ded, etc)	
Desired Rulebook (re)wording:					

## Forward this form to rulebookinfo@scta-bni.org

\*Note: You may be required to research and develop information concerning the effects of this proposed change.