



MIAMI-DADE COUNTY
2015 STATE LEGISLATIVE REQUEST FORM

- 1. NAME OF DEPARTMENT:**

- 2. DEPARTMENT CONTACT PERSON(S), ADDRESS, TELEPHONE AND FAX NUMBERS, & E-MAIL ADDRESS:**

- 3. NAME OF LEGISLATIVE ISSUE REQUEST:**

- 4. DEPARTMENTAL RECOMMENDATION OF ACTION NEEDED –
(Include whether change is legislative or administrative in nature):**

- 5. STATEMENT OF CURRENT PROBLEM THAT THE LEGISLATIVE CHANGE IS INTENDED TO ADDRESS (Please include information that will help us advocate on the County's behalf):**

.

- 6. IMPACT OF CHANGES TO MIAMI-DADE COUNTY (What does the proposed legislation do and how does it address the current problem? Are there other alternatives to addressing the problem? What are the pros and cons of the legislation:**

- 7. INTERDEPARTMENTAL IMPACTS (Describe potential impacts on other departments):**

- 8. BACKGROUND:**

9. PROPOSED LANGUAGE (Attach or insert a draft of proposed changes to Florida Statutes):

10. LIST ANY KNOWN ORGANIZATION OR GOVERNMENT ENTITY THAT WOULD SUPPORT THIS PROPOSED CHANGE:

11. LIST ANY KNOWN ORGANIZATION OR GOVERNMENT ENTITY THAT WOULD OPPOSE THIS PROPOSED CHANGE:

12. ARE GRANT, FORMULA, OR ENTITLEMENT FUNDS NEEDED TO ACCOMPLISH THIS CHANGE? (If so, what are the sources of federal funds):

13. PRIORITIZE THIS REQUEST: