

**FORM FOR PETITIONING THE NEW YORK CITY BOARD
OF HEALTH TO COMMENCE RULEMAKING PURSUANT
TO ARTICLE 9 OF THE NEW YORK CITY HEALTH CODE**

Instructions: A copy of Article 9 is attached to this form for your guidance. Petitions should be typewritten or must be printed legibly. The completed, signed Petition shall be delivered, mailed, e-mailed or faxed to the Secretary to the Board of Health, 42-09 28th Street, 14th Floor, CN 30, LIC, New York 11101, telephone # (347) 396-6078/6116, FAX # (347) 396-6087, e-mail: OGC@health.nyc.gov.

- (1) RULE TO BE CONSIDERED. (State the purpose of the rule and what you want to accomplish through the rule you are proposing. Also, please provide the wording of the rule as you believe it should be adopted):

(Add Attachments as needed)

- (2) BOARD'S AUTHORITY TO PROMULGATE THE PROPOSED RULE:

[] New York City Health Code – Section _____

[] New York City Charter – Section _____

[] Other (Please Specify) _____

[] Unknown

- (3) ARGUMENT(S) IN SUPPORT OF ADOPTION OF THE RULE: (Why should this rule be adopted?)

(Add attachments as needed)

(4) PERIOD OF TIME PROPOSED RULE SHOULD BE IN EFFECT: _____

(5) ARE YOU REPRESENTING AN INDIVIDUAL OR AN ORGANIZATION?

☐ YES

☐ NO

IF YES, NAME AND ADDRESS OF INDIVIDUAL OR ORGANIZATION (OPTIONAL)

Individual _____

Organization _____

(6) PETITION SUBMITTED BY:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP
CODE: _____

DAYTIME TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

DATE: _____

NOTE: ANY CHANGE IN THE ABOVE INFORMATION MUST BE COMMUNICATED
PROMPTLY IN WRITING TO THE SECRETARY TO THE BOARD.