

**PROPOSED REVISION TO THE REGIONAL STANDARDS**

Draft No.

Specification

Drawing

Date

REASON FOR REVISION:

SUBMITTED BY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Subcommittee: \_\_\_\_\_

Date: \_\_\_\_\_

RECOMMENDED  AS MODIFIED  REJECTED

Regional Standards Committee

Date: \_\_\_\_\_

RECOMMENDED  AS MODIFIED  REJECTED