



MFTHBA

Official Request for Rules Review and Change

Name and Address of person making request:

Phone Number: _____

Member #: _____

Rule requested for review and change:

Part number: _____ Section number: _____ Item number: _____

Change requested:

Reason request is being made:

POLICY FOR RULES REVIEW AND CHANGE

Requests for rules review and change must be made in writing and turned into the MFTHBA office.

Signature: _____ Date: _____

Send to: MFTHBA, PO Box 1027, Ava, MO 65608 Fax: 417-683-6144

Action taken: _____

Date: _____