

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FORMS MANAGEMENT

REQUEST FOR APPROVAL OF A NEW, REVISED OR DELETED FORM

Forms Unit Originator	Date Requested	Date Required	<input type="checkbox"/> NEW FORM <input type="checkbox"/> REVISED FORM <input type="checkbox"/> DELETED FORM
Originator's Signature	Director's Signature		

Title Of Form:	Is this form used by more than one administration? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Unit/Administration:	Form Number:	Form Number(s) of existing or related form(s)
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Unit Phone Number:	Form Type: <input type="checkbox"/> Inter-Governmental <input type="checkbox"/> Intra-Departmental <input type="checkbox"/> Public Use
Last Review Date:	

Purpose:

<p style="text-align: center;">FREQUENCY OF USE</p> <input type="checkbox"/> One Time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<p style="text-align: center;">FORM TO BE PRINTED</p> <input type="checkbox"/> Computer Generated <input type="checkbox"/> Outside Vendor <input type="checkbox"/> Photocopier <input type="checkbox"/> Printing and Publication <input type="checkbox"/> State Use Industries
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FOR USE BY FORMS MANAGEMENT OFFICER ONLY

Approved If approved, Form Number assigned _____

Disapproved

Other Action Taken _____

Forms Management Officer Signature _____ Date _____

Typed Name _____