FULL NOTICE OF INTENT TO [ADOPT, AMEND, REPEAL] ADMINISTRATIVE RULES

TAKE NOTICE that the [**agency or board name**] will hold a public hearing to address proposed [**new, amendments to, repeal of**] N.D. Admin. Code [**title, article, chapter, section**] at [**time**] on [**day**], [**date**], at [**address where hearing(s) will be held**]. The purpose of the proposed [**rule, amendment, appeal**] is [**state purpose of proposed rule; e.g., implement statutes, comply with federal law, etc.**] The proposed [**rule, amendment, repeal**] address(es) [**specific explanation of each subject of proposed rules**].

The proposed [**rule, amendment, repeal**] [**is, is not**] expected to have an impact on the regulated community in excess of $50,000.

**OPTIONAL STATEMENT** [**The proposed rulemaking implements bill number (insert bill number), enacted during the most recent legislative session, concerning (insert substance of bill as it pertains to rules)**.]

**(OPTIONAL STATEMENT** [**These rules are emergency rules with an effective date of (date rule effective)**.])

The proposed rules may be reviewed at the office of [**name of agency or board and address**]. A copy of the proposed rules and/or a regulatory analysis may be requested by writing the above address, [**e-mailing (enter email address IF available option)**] or calling [**telephone number**]. Written or oral comments on the proposed rules sent to the above address or telephone number and received by [**date comment period closes (no less than 10 days after public hearing)**] will be fully considered.

If you plan to attend the public hearing and will need special facilities or assistance relating to a disability, please contact the [**Agency**] at the above telephone number or address at least [**the amount of prior notice required**] prior to the public hearing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_.

[**Agency Head or Representative**]