



DEPARTMENTAL SUBMISSION

DEPARTMENT: Legislative Policy Division
FILE NUMBER: Legislative Policy Division-0388

*** RE:**

Submitting reso. autho. Resolution to Repeal P.A. 436 of 2012 (Revised)

*** SUMMARY:**

Resolution to Repeal P.A. 436 of 2012 (Revised)

*** RECOMMENDATION:**

For Consideration

*** DEPARTMENTAL CONTACT:**

Name: Sabrina Shockley
Position: Administrative Assistant

***=REQUIRED**