

REQUEST FOR GOVERNOR'S SIGNATURE

(PLEASE PRINT OR TYPE)

(NOTE: PLEASE FLAG WITH PAPER CLIP(S) OR POST-IT NOTE(S) EACH AREA WHERE GOVERNOR'S SIGNATURE IS REQUIRED)

CURRENT DATE: _____

PLEASE CHECK: CORRESPONDENCE _____ LEGAL _____

DEPARTMENT REQUESTING SIGNATURE: _____

DOCUMENT PREPARED BY: _____ PHONE: _____
(PLEASE ALLOW AT LEAST FOUR WORKING DAYS FOR PROCESSING)

DIRECTOR'S APPROVAL: _____ DATE: _____

GOVERNOR'S EXECUTIVE ASSISTANT'S APPROVAL: _____ DATE: _____

FOR GOVERNOR'S OFFICE USE ONLY

RETURN ALL SIGNED LETTERS
TO JANE CONROY FOR COPYING
(644-0813)

AUTOPEN AUTHORIZATION:

APPROVED BY: _____

DATE: _____

BOB TAFT _____

BOB _____