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## JO DAVIESS COUNTY LEGISLATIVE ISSUE PROPOSAL FORM

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### Contact Information

Person or Department submitting request: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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### Introduction

#### Statement of Issue (Use an additional page if necessary.)

1. What needs to be changed?

Statute

Constitution

Administrative rule

2. Describe the problem or situation the request is intended to address:

3. Describe the requested legislation:

4. Describe how the requested legislation would remedy the problem:

5. The proposed legislation would address:  only JDC  All IL

6. If known, what are the potential fiscal implications of the issue?

### **Background information**

1. Could the problem be resolved by something other than a new law?  
(i.e. changes in administrative procedures)

2. What other government or local agencies, if any, would be affected by this proposal?

3. Has the request been considered by the General Assembly in prior sessions? If yes, please provide the bill number, year, and outcome of legislation, if known.

4. Has this proposed legislation been implemented by any other county or state? If yes, please describe the existing law.

**General information**

1. List other groups that are likely to support or oppose this issue and why. (Include specific reasons.)

2. Who are your state legislators?

3. Have you every contacted them regarding this proposal? If so, what was their reaction? Have they indicated a willingness to author or support this proposal, or conversely, could they oppose it?

4. List witnesses that would be available to testify before legislative committees in Springfield, accompanied by a Jo Daviess County Legislative Committee advocate on behalf of this proposal.

Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_

Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_

Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_



Please check one of the following:

- This proposal has received approval by the County Board. Attach a copy of the adopted resolution, if applicable.
- This proposal has not received approval by the County Board.
- Approval by the County Board is pending.

Signature\_\_\_\_\_

Please return this form to  
Jo Daviess County Legislative Committee  
330 N. Bench St.  
Galena, IL 61036

If you have any questions, please call the Jo Daviess County Administrator's Office at 815-777-6557 or email [countyadministrator@jodaviess.org](mailto:countyadministrator@jodaviess.org)