Regulation Application to the Kahnawà:ke Legislative Coordinating Commission (KLCC)

**Approved June 19, 2018 MCED #27/2018-2019**

Request to develop, amend or repeal a regulation

**Instruction**

This form is for submitting an application to create, amend or repeal a regulation(s) into the Community Decision

Making Process (CDMP) *Regulations Process*. Only one (1) application per enabling law will be accepted.

**Regulation Type**

New Regulation  Amend an existing regulation  Repeal a Regulation

**Applicant Information**

Name: Contact Number:

Mailing Address: Email Address:

Requesting on behalf of:  Own behalf or  Community organization, business, board, or commission

(Please specify: )

I am listed on the Kanien’kehá:ka of Kahnawà:ke Registry  YES  NOApplicant Information

**Background Information**

Name of regulation to be amended and attach copy:

Name of enabling law and relevant section number(s):

Does this enabling law allow for development of regulations?  YES  NO

Does this enabling law identify a body to make regulations?  YES  NO

Name of the approval body:

Does this enabling law have a provision/section identifying who will *approve* the regulation?  YES  NO

**Purpose**

What is your purpose as to why regulations need to be created, amended or repealed?

Include any gaps in existing laws or regulations.

**Certification by Applicant**

I, the undersigned applicant, certify that the information given in this application is true and complete to the best

of my knowledge.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission**

Please return the completed application form to Kahnawà:ke Legislative Coordinating Commission, KLCC

Coordinator, PO Box 720, Kahnawà:ke Mohawk Territory, J0L1B0.

OFFICE USE ONLY

Date of Receipt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prioritized for Action Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_