

ODHA PROPOSED RESOLUTION/ BYLAW AMENDMENT HOD 2008

BE IT RESOLVED THAT ODHA:

JUSTIFICATION:

Submitted by :

**Person to contact:
Address:**

**Office Phone:
Home Phone:
Email:**

Received in Central Office _____
Accepted for Consideration _____
Return for Rewording _____
Improper Format _____
Rejected: Current Policy/Procedure _____
Administrative or Procedural _____
In Conflict with Bylaws _____