# 2027 Policy Statement | Modification Form

*Please complete this form by Friday, September 4 to Madison Bryant at mbryant@ccionline.org*
*One form per entry*

**Housekeeping**

1. Submitted by (Commissioner responsible for the modification)
    a. Name:
    b. County:
    c. Preferred method of contact:

**Modification**

1. Please identify the location (section & page number) where this addition/edit to the CCI Policy Statement would be located?

2. Proposed addition to or edit to the CCI Policy Statement: