

Missouri Small Business Regulatory Fairness Board
P.O. Box 1157
Jefferson City, Missouri 65102
Fax: (573) 526-7700 Phone: (573) 526-3606
Email: SBRFB@ded.mo.gov Web: www.sbrfb.ded.mo.gov

SMALL BUSINESS COMMENT FORM:

1. Complete this form as applicable.
2. Fax, e-mail or send this form and requested information to: (1) Fax: (573) 526-7700; (2) E-mail: SBRFB@ded.mo.gov; (3) Address: SBRFB, PO Box 1157, Jefferson City, MO 65102.

Business/Individual Name: _____

Type of Business: _____

Business Contact Person/Title: _____

Address: _____

City: _____ **MO** **Zip:** _____

Phone: (_____) _____ **Number of employees:** _____

Email: _____

STATE AGENCY RULE/REGULATION: At a minimum provide the name of the state agency responsible for the rule/regulation. Submit copies of substantiating documentation, such as correspondence, citation, or notice (Note: You may submit separately from this form by fax or mail. Make sure to reference your name or company's name with this information).

State Agency: _____

Office/Division: _____

Rule or Regulation: _____

COMMENTS: (Please provide as much detail as possible about the state rule or regulation, how it impacts your business, or a business, and any suggested action that could be taken to mitigate the rule/regulation's impact on Missouri small businesses. Also include any and all documentation in support of your business comment.)