

BUTTE INTERAGENCY RESCUE GROUP

REQUEST FOR POLICY/STANDARD CHANGE

REQUESTED CHANGE:

STEPS:

1. **Request for Change Submitted to Appropriate Unit.**

Date

Requested By

2. **Unit Approval Denial of Request.**

Date

Signature

3. **Rescue Group Management Team Approval.**

Date

Signature

4. **Butte County Fire Chiefs Association Approval.**

Date

Signature

5. **Sheriff's Approval (if required)**

Date

Signature

6. **Training Period/Program**

Date Completed

7. **Implementation Date: _____**