



REQUEST FOR PUBLIC HEARING / PUBLIC MEETING

State Form 54907 (R2 / 7-20)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



INSTRUCTIONS:

- Part 1** shall be completed by the program area that received a hearing / meeting request from the public or staff initiating the hearing / meeting. Please complete all fields that are applicable.
- The request shall then be circulated among the program's supervisory staff for completion of **Part 2**.
- After the request is circulated among the appropriate supervisory staff, it shall be sent to the program's Assistant Commissioner for a final recommendation on whether the agency will hold a hearing, meeting, both, or neither. The Commissioner or Chief of Staff shall make the final decision.
- If a hearing and/or meeting is approved by the Commissioner or Chief of Staff, program area staff shall then complete **Part 3** and provide a copy of the completed form to Media and Communications Services (media@idem.IN.gov), who shall post the hearing / meeting date and time on the state calendar and conduct outreach to news media, as appropriate.

PART 1			
Public Request Information			
Has the agency received a written hearing / meeting request from the public?			
<input type="checkbox"/> Yes Date received (month, day, year):			
<input type="checkbox"/> No (Skip below to the section for Agency-initiated Request Information.)			
Please attach the written request. If a petition was submitted, attach the petition and indicate number of signatures.			
Name of staff person receiving the request		Telephone number of staff person receiving the request	
Name of supervisor	Telephone number of supervisor	Section and Branch	
Name of the citizen submitting the request / petition	Telephone number	E-mail	
Address (number and street, city, state, and ZIP code)			
Affiliation, if stated			
Agency-initiated Request Information			
If a request was not received from the public, name of staff initiating the hearing / meeting			Telephone number
Name of supervisor	Telephone number of supervisor	Section and Branch	
Subject of Hearing / Meeting			
Facility name, applicant name, project name		Permit number and/or facility identification number	
Address (number and street, city, state, and ZIP code)			
Start date of public comment period (month, day, year)	End date of public comment period (month, day, year)	Extension required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of days
Reason for the Hearing / Meeting			
Is the agency required by federal or state regulations to hold a public hearing or public meeting on this matter?			
<input type="checkbox"/> Yes - Please provide regulatory citation:			
<input type="checkbox"/> No - Please provide a brief summary about the reason for IDEM to hold a public hearing or public meeting:			
Please indicate stakeholder groups whose interest is known or anticipated: (Check all that apply.)			
<input type="checkbox"/> Public	<input type="checkbox"/> County or city government	<input type="checkbox"/> Other state agencies	<input type="checkbox"/> State legislators
<input type="checkbox"/> Federal agencies / officials	<input type="checkbox"/> News Media		

PART 2: Recommendations / Decision	
Section Chief Recommendation	
<input type="checkbox"/> Hearing recommended <input type="checkbox"/> Meeting recommended <input type="checkbox"/> Both recommended <input type="checkbox"/> Neither recommended Initials Date (month, day, year): Comments:	
Branch Chief Recommendation	
<input type="checkbox"/> Hearing recommended <input type="checkbox"/> Meeting recommended <input type="checkbox"/> Both recommended <input type="checkbox"/> Neither recommended Initials Date (month, day, year): Comments:	
Assistant Commissioner Recommendation	
<input type="checkbox"/> Hearing recommended <input type="checkbox"/> Meeting recommended <input type="checkbox"/> Both recommended <input type="checkbox"/> Neither recommended Assistant Commissioner Signature Date (month, day, year): Comments:	
IDEM Commissioner / Chief of Staff Approval	
<input type="checkbox"/> Hearing approved <input type="checkbox"/> Meeting approved <input type="checkbox"/> Both approved <input type="checkbox"/> Neither approved Commissioner / CoS Signature Date (month, day, year): <input type="text"/> Comments:	

PART 3: Arrangements / Checklist for Approved Hearing / Meeting			
Building / facility selected for hearing / meeting			
Address (number and street, city, state, and ZIP code)			County
Name of Facility Contact		E-mail	Telephone number
Date of hearing / meeting (month, day, year)	Start time	Anticipated end time or time the facility closes	
Please check and provide the time zone of the facility <input type="checkbox"/> EST <input type="checkbox"/> CST <input type="checkbox"/> Other:		Expected number of attendees	Facility / room maximum capacity
Meeting format (Provide brief description, such as will the hearing or meeting include a formal presentation, panel discussion, question and answer session, or open house style interaction.)			
List equipment / amenities to be provided by the facility (such as laptop computer, seating, sound system, projector, screen)			
Public notice information (Please check all that apply to describe how the agency will be notifying stakeholders about this hearing / meeting.)			
<input type="checkbox"/> Program provides required legal notice (Please provide name of newspaper.) <input type="checkbox"/> Program provides letters to potentially affected parties <input type="checkbox"/> Program provides e-mails to potentially affected parties <input type="checkbox"/> Agency posting on IDEM calendar (Please contact IDEM Media Relations for assistance.) <input type="checkbox"/> Agency posting on IDEM public notice webpage (NOTE: Only program area web contacts are authorized to submit public notices for publication on IDEM's website) <input type="checkbox"/> Agency media advisory (Please contact IDEM Media Relations for assistance.) <input type="checkbox"/> Other:			
For public hearings:			
Name of IDEM hearing officer		Telephone number of IDEM hearing officer	
Name of court reporter		Telephone number of court reporter	
Americans with Disabilities Act (ADA) requirements have been addressed?			<input type="checkbox"/> Yes
Media Relations Coordination			
IDEM Media Relations (media@idem.IN.gov) has been provided a copy of this completed form? (to facilitate agency media outreach and posting to the agency calendar) <input type="checkbox"/> Yes Date (month, day, year):			
The following handouts / presentations have been provided to Media Relations for approval prior to the hearing / meeting:			
<input type="checkbox"/> Publications / Agency Fact Sheet(s) <input type="checkbox"/> Visual displays (such as maps or other graphics)		<input type="checkbox"/> Powerpoint Presentation <input type="checkbox"/> Other	
Requester Follow-up			
Staff should inform the requestor about the agency's decision (in Part 2). Please provide the following information about the follow-up.			
How was the contact made? <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> In person Date contact was made (month, day, year):			
Name of staff person who contacted the requestor:			