WVASCNA
IDEA/REQUEST FORM

Date: ___/___/ Idea/Request #___
MON YR

MAKER OF IDEA/REQUEST:_____

HOMEGROUP:_____

IDEA/REQUEST:

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CBDM: Accepted ___ Rejected ___

Or

Vote taken:

(___)	(___)	(___)	(__)	(__)	(__)
In Favor	Against	Abstentions	Pass	Fail	Table

(___) REFERRED TO _____