

**BEFORE THE
OHIO STAY AT HOME ORDER DISPUTE RESOLUTION COMMISSION**

Name

Request Number _____
(for Commission use)

Address

Phone Number

E-mail Address

**REQUEST FOR A DISPUTE RESOLUTION BOARD ADVISORY OPINION
ADDRESSING CONFLICTS BETWEEN DECISIONS BY LOCAL HEALTH
AUTHORITIES**

1. Please identify the local health authorities that you allege have taken conflicting positions regarding which businesses or activities are essential or non-essential in conjunction with the implementation of the Stay at Home Order issued by the Director of the Ohio Department of Health:

2. Explain why you are alleging that such local authority positions conflict:

3. Identify the action that you are requesting the Dispute Resolution Board to recommend to the Director of Ohio Department of Health through the issuance of an advisory opinion pursuant to [paragraph 23 of the Amended Stay at Home Order issued on April 2, 2020](#).

In submitting this request, I verify that the information provided above is true and correct and agree to abide by an Ohio Health Department decision addressing this request.

Signature

Print Name

Date

For Dispute Resolution Commission Use Only

Request No. _____ Date Received _____

Advisory Opinion No. _____ Opinion Date _____