

# Notice of Agency Rule-making Adoption

**AGENCY:** Maine Department of Corrections

**CHAPTER NUMBER AND TITLE:** Ch. 2: Change of Use, Downsizing, or Closure of Correctional Facilities

**ADOPTED RULE NUMBER:** **20xx.xxx**  
(LEAVE BLANK - ASSIGNED BY SECRETARY OF STATE)

**CONCISE SUMMARY:** This rule will be repealed because the State Board of Corrections and its statutory authority no longer exist, and the rule is therefore unenforceable. The original purpose of the rule was to outline the process and standards governing any change of use, including the reassignment of services, downsizing, or closure of a state adult correctional facility or county jail pursuant to 34-A MRS §1803, sub-§2, which has been repealed.

**EFFECTIVE DATE:**  
(TO BE FILLED IN BY SECRETARY OF STATE)

**AGENCY CONTACT PERSON:** **Mary Lucia**  
**AGENCY NAME:** Maine Department of Corrections  
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Please approve bottom portion of this form and assign appropriate **AdvantageME** number.

APPROVED FOR PAYMENT \_\_\_\_\_ *Authorized signature* \_\_\_\_\_ DATE: \_\_\_\_\_

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