DISTRICT OF PORT HARDY

PUBLIC COMMENT FORM

PO Box 68, Port Hardy, BC V0N 2P0 / Phone (250) 949-6665 / Fax (250) 949-7433 / Email:general@porthardy.ca

Date: _____ **Time**: _____

Name: _____
(First and last)

Residential Street Address: _____

Mailing Address: _____

Telephone:_____ **Email:** _____

COMMENT:

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(Please see reverse side)

Signature of Person Making Comment: _____

Received by: _____
(District Staff Person)

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ACTION TAKEN: _____

District Staff Person: _____

(If necessary, use additional forms and attach)