

**Wave Transit Public Comment Form**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name (first and last): \_\_\_\_\_

Contact Information:

Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Point of Contact:

Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Comment(s):

I do \_\_\_ do not \_\_\_ plan on attending the board meeting scheduled for (insert date) \_\_\_\_\_  
to be held at the Wave Transit Operations Center located at 1480 Castle Hayne Rd., 28401.

ADA accommodations are \_\_\_ are not \_\_\_ requested.

Staff Signature: \_\_\_\_\_