

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 Forden Station, Wave Transit's main transfer center, located at 505 Cando St., Wilmington, NC 28405.

ADA accommodations are ___ are not ___ requested.

Staff Signature: _____