



Public Comment Form

Contact Information

First & Last Name: _____

Home/Physical Address: _____

Phone: _____

Email: _____

Today's Date: _____

Current Time: _____

Alternate Point of Contact:

First & Last Name: _____

Contact Info: _____

Comments:

ADA Accommodations ____ are requested / ____ are not requested

___ I DO / ___ I DO NOT plan to attend the Cape Fear Public Transportation Authority Board of Directors meeting scheduled for _____
(date)

Staff Name (Print): _____

Staff Signature: _____