

Do you have any suggestions for how these effects could be reduced or eliminated?

Include any measures you believe may lessen project effects, and why you think these measures would be successful.

Do you have any suggestions or recommendations for this application?

Do you support the project proposal? Yes No Any additional comments?

Name of person commenting: _____ **of** _____

Position: _____ **Organization:** _____

Signature: _____ **Date:** _____