Public Review of LIHEAP Weatherization Waiver Attendance Sheet

Date: ___________________

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If you would like to leave a comment or suggestion, please do so on sheet provided.
Date: ___________________

Your comments, suggestions, and feedback are important to us.

Please provide the following information:

What is the subject of your suggestion:

___________________________________________________________________________
___________________________________________________________________________

Comments & Suggestions:

___________________________________________________________________________
___________________________________________________________________________
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The following information is optional:

Signature: ___________________________________

Name: _____________________________________

Address: ___________________________________

Phone Number: ______________________________

Email: _____________________________________

Return this form to the agency you received it from or your local Department of Social Services or by mail postmarked, no later than April 16, 2019 to:

Susan Osborne, Assistant Secretary for County Operations for Human Services
LIHEAP Weatherization Waiver Comments
DHHS N.C. Division of Social Services
2420 Mail Service Center
Raleigh, NC 27699-2420