

Public Comment Registration Card

PLEASE PRINT LEGIBLY

Date _____

Verbal Comment ☒ Speaker # _____

Written Comment ☐
(Attached or back of card)

Hearing Location _____

Name Bob Allen

Address 576 Siblex Rd

City Dover State AR Zip Code 72837

E-mail Address _____

ADEQ

ARKANSAS
Department of Environmental Quality
www.adeq.state.ar.us