

Public Comment Registration Card

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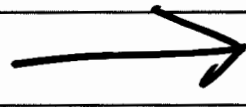
PLEASE PRINT LEGIBLY

Date _____

Verbal Comment Written Comment
Speaker # (Attached or back of card)

Hearing Location JASPER AR SCHOOL

Name ED MANOR

Address P.O. Box 351 

City JASPER State AR Zip Code 72641

E-mail Address _____



IF & WHEN CAFO PERMIT
REQ'S MAY CHANGE - WOULD
EXISTING CAFO PERMITTED
FAC'S BE GRANFATHERED
AS LONG AS THEY CONT'D
TO OPERATE PER THEIR PERMIT
CONDITIONS