



COMMENT FORM

LAUGHLIN-BULLHEAD CITY BRIDGE PROJECT EA: 73360

▪ *Please Print Clearly* ▪

Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone (Day): _____ Phone (Evening): _____

E-mail Address: _____

Would you like someone to call you to discuss your comment or question? YES NO

Would you like to be added to our mailing list? YES NO

Comment/Question: _____

Thank you for your time and interest in our study.



OFFICE USE ONLY:

Date Addressed/Answered: _____

Comments: _____

Public Outreach Team Member: _____