

Public Review of LIHWAP Block Grant Plan Attendance Sheet

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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:

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 Thursday August 5, 2021 to:

RE: LIHWAP Plan Comments
Susan Osborne, Assistant Secretary for County Operations
DHHS N.C. Division of Social Services
2420 Mail Service Center
Raleigh, NC 27699-2420