



DISTRICT OF PORT HARDY
PUBLIC COMMENT FORM



PO Box 68, Port Hardy, BC V0N 2P0 / Phone (250) 949-6665 / Fax (250) 949-7433 / Email:general@porthardy.ca

Date: _____ Time: _____

Name: _____
(First and last)

Residential Street Address: _____

Mailing Address: _____

Telephone: _____ Email: _____

COMMENT:

(Please see reverse side)

Signature of Person Making Comment: _____

Received by: _____
(District Staff Person)

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ACTION TAKEN: _____

District Staff Person: _____

(If necessary, use additional forms and attach)