

## COMMUNITY PARTNERS' MEETING QUESTION FORM

Name:	Date:
Address:	
	Phone number:
Question(s):	
Agency you'd like to respo	nd: DoE DPIE DPW&T Other:
DEPARTMENT OF PERMITTING, INSPECTIONS AND ENFORCEMENT Haitham A. Hijazi Director	COMMUNITY PARTNERS' MEETING  QUESTION FORM
	Date:
Community:	
	Phone number:
Question(s):	

Agency you'd like to respond: DoE DPIE DPW&T DOTHER: \_