

Person County Health Department - Public Comment Form

Method of Comment

___ Board of Health Comment Period ___ Voice Mail ___ Email ___ Form Submission

Summarized by (if comments received via voice mail): _____

Date of Comment: _____

Commenter Name: _____

Commenter Contact Information: _____

Comment(s)

To Be Completed By Health Department Staff Only

___ No response or action necessary

If the comment required a response/action please provide the following information:

Date of Response: _____

Responder/Title: _____

Summary of Response or Action Taken: _____
