

Log # _____

**RECORD FORM FOR ORAL COMMENTS
OIL SPILL RESTORATION PLANNING WORK GROUP**

Commenter Information:

Date of contact _____

Name _____

Affiliation _____

Address _____

City, State, Zip _____

Phone(s) _____

Re: _____

Notes:

Continued on additional sheet(s): Yes, No

Staff Person Recording Comment _____

RECORD FORM FOR ORAL COMMENTS
OIL SPILL RESTORATION PLANNING WORK GROUP

Commenter Information:

Date of contact _____

Name _____

Affiliation _____

Address _____

City, State, Zip _____

Phone(s) _____

Re: _____

Notes:

Continued on additional sheet(s): Yes, No

Staff Person Recording Comment _____

Log # _____

RECORD FORM FOR ORAL COMMENTS EXXON VALDEZ OIL SPILL RESTORATION PLANNING WORK GROUP

Commenter Information:

Date of contact _____

Name _____

Affiliation _____

Address _____

City, State, Zip _____

Phone(s) _____

Re: _____

Notes:

Continued on additional sheet(s): Yes, No

Staff Person Recording Comment _____

