♦ PLEASE PRINT LEGIBLY THROUGHOUT

PRINT NAME: _____

# REQUEST TO SPEAK AT THE CEQA SCOPING MEETING
## October 25, 2010

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

TITLE/AFFILIATION: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

POLLUTANT: _____

QUESTION SUMMARY:

_____

_____

_____

_____

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_____

- After completing this card, please place it inside the Speaker Slips box.
- Please state your name and affiliation prior to commenting.

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