

## **Referral Agency Comment Form**

Commerce	Case #_	
CITY —		Referral #
CONTACT INFORMATION		
REVIEWER NAME		
AGENCY NAME		
EMAIL ADDRESS		<del></del>
PHONE NUMBER		
COMMENTS		
Today's Date	(mm/dd/yyyy)	
Is this application pertinent t	o your agency?	Yes $\square$ No (If no, please explain why below)
If so, is your agency satisfied with the plan as presented? $\square$ Yes $\square$ No		
If "Yes", does your agency need to be included on any future referrals? $\ \square$ Yes $\ \square$ No		
If "No", please input your comments below, or provide reference to a separate comment lette and/or redlines plan document. (The comment numbers below are for reference only. Please delete or additional numbers as necessary, and feel free to continue the comments onto additional pages.)		

Comments (cont.)