

Comment Form

This form is provided to you for the purpose of making your concerns known to the City of Saratoga Springs. Please indicate the date, your name and address, and state your concerns on this form.

The completed **Comment Form** may be returned this evening to a project representative or mailed to City Engineer at the address below. It may be returned by folding the form so that the return address is clearly visible and affixing a stamp. Please staple or tape the form closed. **PLEASE FORWARD YOUR COMMENTS TO THE CITY WITHIN 14 DAYS OF THE MEETING.**

Thank you for expressing your concerns.

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From _____



Mr. Paul Male, P.E, PLS
City Engineer
City of Saratoga Springs
474 Broadway
Saratoga Springs, NY 12866

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