APPENDIX H

SCOPING MEETING SIGN-IN FORM

Casper RMP Revision
Public Scoping Meeting

Meeting Location _____ Meeting Date _____

First Name _____ MI Last Name _____

Organization _____

Phone _____ Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

How did you hear about this meeting? ☐ Radio ☐ Newspaper ☐ Scoping Letter ☐ Other

☐ Yes! Please add me to your mailing list.

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