

CLUPC Public Hearing Comment Form

Date of Hearing: _____

Location: _____

1. Participant Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address (Optional): _____

- ☐ Chapter Resident
- ☐ Other Navajo Nation Resident
- ☐ Land Use/Grazing Permit Holder
- ☐ Community Organization representative
- ☐ Other: _____

2. Public Comment

Please share your comments, concerns, recommendations, or support regarding the proposed Community Land Use Plan (CLUP) items:

3. Position on Proposal

- ☐ Support
- ☐ Support with Condition
- ☐ Oppose
- ☐ Neutral / Informational Comment

If applicable, please describe suggested changes or conditions:

4. Signature

I certify that the above comments reflect my views regarding the CLUPC public hearing matter.

Signature: _____ Date: _____

For Office Use Only

Date Received: _____

Received by: _____

Comments Recorded in Minutes: ☐ Yes ☐ No

Follow-Up Required: ☐ Yes ☐ No