

**TEXARKANA METROPOLITAN PLANNING ORGANIZATION  
PUBLIC INVOLVEMENT PROCESS  
QUESTION/COMMENT FORM**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Daytime Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Project name: \_\_\_\_\_

Question/Comment: \_\_\_\_\_

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Please mail, e-mail or fax to:

Texarkana MPO

Attn: Study Director

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