



WindFloat Pacific Project Scoping Meeting

Tuesday June 17, 2014

BOEM PACIFIC OCS REGION
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Name:		
Address:		
City:	State:	Zip:
Email Address:		
Representing:	<input type="checkbox"/> Self <input type="checkbox"/> Organization	
Organization:	Your Title:	

Please answer the questions on the front of the comment card

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Are there any special concerns that we should be sure to include on our assessment of the project?

Do you know of any specific information we should consider in our assessment?

Other comments?

Please fill in your contact information on the other side of the comment card