

# COMMENT FORM

This form is provided to receive your comments regarding the Area Agency on Aging of Western Michigan Annual Implementation Plan for FY 2021.

Please use the space provided below, attaching additional pages if necessary. Either leave this form at the meeting, or mail it to the address provided. **You may also submit comments through the AAAWM website, [aaawm.org](http://aaawm.org) or by email to [lanceyc@aaawm.org](mailto:lanceyc@aaawm.org).**

We appreciate your interest and value your input.

Did you attend a Public Hearing? (Circle one) No Yes Meeting Location: \_\_\_\_\_.

Comments:

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Please Print:

Your Name \_\_\_\_\_

Address \_\_\_\_\_

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