COMMENT SHEET



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BASIC ASSESSMENT PROCESS FOR THE PROPOSED CROSSROADS MALL RETAIL FACILITY, SPRINGS

GDARD EIA Ref No: GAUT: 002/13-14/E0216

Name:

Are you here in your private capacity? If yes please state you capacity below, e.g. property owner.

Are you representing your organization? If yes please state you organization and designation below.

E mail:

Telephone:

Fax:

Physical Address:

Postal Address:

COMMENTS: