Date:
Your comments, suggestions, and feedback are important to us.
Please provide the following information:
What is the subject of your suggestion:
Comments & Suggestions:
The following information is optional:
Signature:
Name:
Address:
Phone Number:
Email:
Return this form to the agency you received it from or your local Department of Social Services or by

stmarked, no later than Thursday August 5, 2021 to:

RE: LIHWAP Plan Comments Susan Osborne, Assistant Secretary for County Operations DHHS N.C. Division of Social Services 2420 Mail Service Center Raleigh, NC 27699-2420