



CALFED
BAY-DELTA
PROGRAM

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Date _____

The CALFED Bay-Delta Program welcomes your participation. Please use the space below for your written comments (attach additional sheets if necessary).

Comments:

Please conserve water

Name: *John R. Jordan*

Organization: _____

Address: *2067 Highlands Dr.*
Concord CA 94520

Phone: *687 2249* Fax: _____

Would you like to be added to our mailing list?

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Please return this form to:

 CALFED
BAY-DELTA
PROGRAM
1416 Ninth St., #1155
Sacramento, CA 95814

For more information,
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(800) 700-5752
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