

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on OPWDD’s Statewide Comprehensive 5.07 Plan are requested to complete and return the reply form no later than **Thursday, September 8th, 2022**. Please complete this reply form as soon as possible and mail, email, or fax it to:

Gabriella Cavanagh, Esq.
Associate Counsel
Assembly Committee on People with Disabilities
Room 422 - Capitol
Albany, New York 12248

Email: cavanaghg@nyassembly.gov

Phone: (518) 455 - 4371

Fax: (518) 455 - 4693

I plan to attend the following public hearing on OPWDD’s Statewide Comprehensive 5.07 Plan to be conducted by the Assembly Committee on People with Disabilities on *Tuesday, September 13th, 2022*.

I plan to make a public statement at the hearing. My statement will be limited to three (3) minutes, and I will answer any questions which may arise. I will provide ten (10) copies of my prepared statement to the hearing registration desk or email my statement in advance.

I will address my remarks to the following subjects in relation to the 5.07 Plan:

I do not plan to attend the above hearing.

I would like to be added to the Committee mailing list for notices and reports.

I would like to be removed from the Committee mailing list.

I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____