

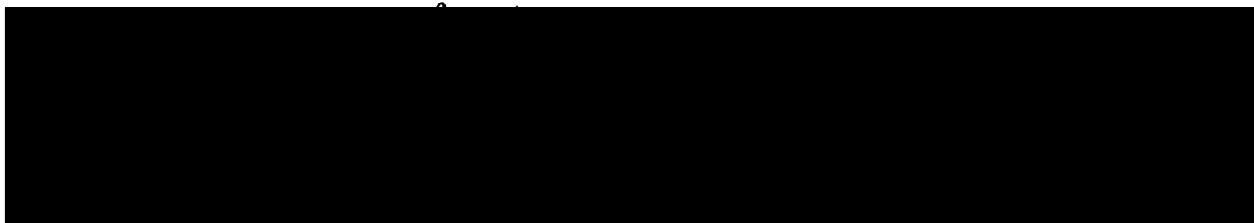
US EPA ARCHIVE DOCUMENT



EPA

Region 7
(Please print)

NAME Miranda Quinones



ORGANIZATION REPRESENTED _____

ADDRESS _____

TELEPHONE _____

DO YOU WISH TO MAKE A STATEMENT? *Exactly what should the residents do? How can we be sure its ok to live here?*
YES _____ NO _____

E-mail: _____