

CITY OF QUITMAN
WASTEWATER FACILITY PLAN
COMMENT FORM

NAME: _____

EMAIL: _____

PHONE: _____

COMMENT: _____

Return Completed Form To:

City of Quitman
ATTN: SRF Comments
101 East Church Street
Post Office Box 16
Quitman, Mississippi 39355

COMMENT FORMS MUST BE RETURNED TO QUITMAN CITY HALL

PRIOR TO 4:30 P.M. ON MONDAY, JANUARY 10, 2022