



QUESTION FORM  
LAX Specific Plan Amendment Study  
Community Meeting

NO. \_\_\_\_\_



Los Angeles World Airports

Date: \_\_\_\_\_

PLEASE PRINT CLEARLY/ *POR FAVOR ESCRIBA CLARAMENTE*

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE WRITE YOUR QUESTION (S) BELOW/ *POR FAVOR ESCRIBA SU PREGUNTA (S) ABAJO:*

PLEASE SUBMIT THIS FORM AT THE SIGN-IN TABLE or fax it to 310-646-9501.  
*POR FAVOR SOMETA ESTA FORMA EN LA MESA DE REGISTRACIÓN o por fax a 310-646-9501.*