

# Crawford County Fair Comment Form

**TO:** Superintendent of \_\_\_\_\_ Department

**FROM:** \_\_\_\_\_ (Sender to make a copy for their record; to see Fair Board's response, please check Fair Board Minutes at: {enter e-mail address here}.)

**DATE:** \_\_\_\_\_ *Please clearly state your suggestion, comment or concern.*

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**Request:** \_\_\_\_\_

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**Superintendent:** (Please complete and forward to Fair Coordinator within 10 days of your receiving.)

Received on: \_\_\_\_\_  **Agree**  **Disagree**  **No Opinion**

**Comment:** \_\_\_\_\_

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**Fair Coordinator:** (Complete within 7 days; forward to Fair Board members & present at next meeting.)

Received on: \_\_\_\_\_  **Agree**  **Disagree**  **No Opinion**

**Comment:** \_\_\_\_\_

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**Fair Board Action:**  **Approve Request**  **Modify & Approve**  **Deny**

**Remarks:** \_\_\_\_\_

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: May attach additional material if desired.**