**City of Fresno - Development and Resource Management Department**

**Corrected Exhibit**

REQUEST FOR COMMENTS

**ENTITLEMENT NO. D-XX-XXX**

**Address: XXXX**

Return Completed Form to:

Planner Name *Ph: (559) 621-80XX*

2600 Fresno Street

Fresno, CA 93721

**To: XXXX**

Date routed: Back check comment deadline:

*If no response is received by the comment deadline, it will be assumed that you have no comments to submit.*

|  |  |  |
| --- | --- | --- |
| Corrected exhibits | A | Dated: |

Have original comments been met?

List conditions that have not been satisfied; if applicable:

Is any additional information needed for you to complete your back check? (if yes, list specific information.):

**□ Approved □ Resubmit**

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title Telephone Number Date

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| --- | --- | --- | --- | --- |
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