

02 INF 5 ATTACHMENT B

THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
PUBLIC HEARING REGISTRATION FORM  
TO PROVIDE FOR PUBLIC INPUT ON THE DEVELOPMENT OF THE NEW YORK STATE PLAN  
FOR THE 2002-2003 HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**New York City**, Wednesday, February 27, 2002, from 10:30 A.M. to 12:30 P.M., 80 Maiden Lane, New York, New York 10038, 6th Floor, Room 603B.

**Albany, New York**, Thursday, February 28, 2002, from 10:30 A.M. to 12:30 P.M., 40 North Pearl St., Albany, New York 12243, 11th Floor Conference Room.

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Persons wishing to present their views at either of these hearings are requested to complete this reply form as soon as possible and mail to:

Mr. Charles Giambalvo  
New York State Office of  
Temporary and Disability Assistance  
Western Regional Team  
40 North Pearl Street  
11th Floor, Section A  
Albany, New York 12243

Telephone: 1 (800) 343-8859  
Extension 3-0332

The reply form may also be faxed to 1 (518) 474-9347 or to 1 (518) 474-5281.

To assure your pre-registration, please respond three days prior to the scheduled hearing date, or call the above number if you have any questions.

\_\_\_\_\_  
I plan to attend the public hearing in (please check):

\_\_\_\_\_ New York City (February 27, 2002)

\_\_\_\_\_ Albany, New York (February 28, 2002)

I plan to make a public statement at the hearing. I will limit my statement to a maximum of five minutes and I will provide three copies of my prepared statement.

**STATEMENTS SHOULD BE LIMITED TO COMMENTS ON THE DEVELOPMENT OF THE NEW YORK STATE PLAN FOR THE 2002-2003 HOME ENERGY ASSISTANCE PROGRAM (HEAP).**

**NOTE:** There will not be any photocopying facilities available at the hearing

NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TITLE \_\_\_\_\_

AFFILIATION \_\_\_\_\_

ADDRESS

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