

03 INF 30 ATTACHMENT B

**THE NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
PUBLIC HEARING TO PROVIDE FOR PUBLIC COMMENT ON NEW YORK
STATE'S PROPOSED 2003-2004 HOME ENERGY ASSISTANCE PROGRAM (HEAP)
STATE PLAN**

New York City, Thursday , August 7, 2003, from 9:00 A.M. to 11:00 A.M., 80 Maiden Lane, New York, New York 10038, 6th Floor, Room 603B.

Albany, New York, Friday , August 8, 2003, from 11:00 A.M. to 1:00 P.M., 40 North Pearl Street, Albany, New York 12243.

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

Mr. David Staszak
New York State Office of
Temporary and Disability Assistance
Western Regional Team
40 North Pearl Street - 11A
Albany, New York 12243
Telephone: 1 (800) 343-8859, Extension 3-0332

The registration form may also be faxed to David Staszak at (518) 474-9347 or (518) 474-5281. To ensure 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, New York (August 7, 2003)
_____ Albany, New York (August 8, 2003)

_____ 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 NEW YORK STATE
PROPOSED 2003-2004 HOME ENERGY ASSISTANCE PROGRAM (HEAP) PLAN.**

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

NAME _____

TELEPHONE _____

TITLE _____

AFFILIATION _____

ADDRESS _____