

**Reviewer Comments
Water Type Modification**

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Region Reference Number- DNR Use Only							
Region	WRIA	Year	Number				
Comment Due Date *o o f l{ { { +							

Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (*add attachments if necessary*):

Signature _____
(Signatures are not necessary for e-mailed responses)

Date _____
(mm/dd/yyyy)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR:				
WDFW:				
DOE:				
Tribe:				
Other:				
Other:				

Approve change Disapprove change

Reasons for disapproval

Signature _____ Date _____ (mm/dd/yyyy)

Proponent and reviewers notified of decision by _____ on _____
(Name) (Date)