

PUBLIC SCOPING COMMENT FORM



**Granby Pumping Plant -
Windy Gap Transmission
Line Rebuild Project**

Please submit comments by September 17, 2007. You may:

- Leave this form at the public scoping meeting.
- Mail the form or a letter to the address below.
- E-mail comments to gppwgp@wapa.gov.
- Fax the form or a letter to 970-461-7213.

Please check the following issues important to you for evaluating the transmission line alternatives.

- | | |
|--|---|
| <input type="checkbox"/> Visual effects | <input type="checkbox"/> Health and safety |
| <input type="checkbox"/> Physical issues (weed control, erosion) | <input type="checkbox"/> Land use (fields, corrals) |
| <input type="checkbox"/> Proximity to residences | <input type="checkbox"/> Water issues (springs, seeps, wells) |
| <input type="checkbox"/> Radio or television interference | <input type="checkbox"/> Biological issues (wildlife habitat, wetlands) |
| <input type="checkbox"/> Noise | <input type="checkbox"/> Historic and cultural sites |
| <input type="checkbox"/> Public Lands | <input type="checkbox"/> Project Cost |
| <input type="checkbox"/> Recreation Resources | <input type="checkbox"/> Other _____ |

Are there any special uses, circumstances, or factors on your land, not already addressed, that you would like the Granby Pumping Plant - Windy Gap EIS to be aware of? If so, please list.

Please provide any other comments on the Granby Pumping Plant - Windy Gap EIS and identify any issues that need to be addressed.

Sign up to receive the Granby Pumping Plant - Windy Gap Transmission Line Rebuild Project EIS

Let us know if you would like to receive a copy of the EIS. Once the EIS is completed, the document will be available at public libraries on CD. **To receive a copy, please check one box:**

- Notify me of its availability Send me an electronic copy on CD-rom

Tell us how to reach you

Western will not share your contact information with others, however, all comments submitted will become part of the project record.

CONTACT INFORMATION (optional)

Please Print

Name: _____

Representing: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Daytime Phone: _____

Email address: _____

Completing this form will automatically add you to the mailing list.

If you prefer to not be on the mailing list, please check the box to the right.

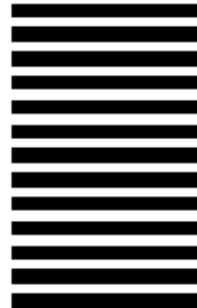
THANK YOU FOR YOUR PARTICIPATION !



Western Area Power Administration
Rocky Mountain Region
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