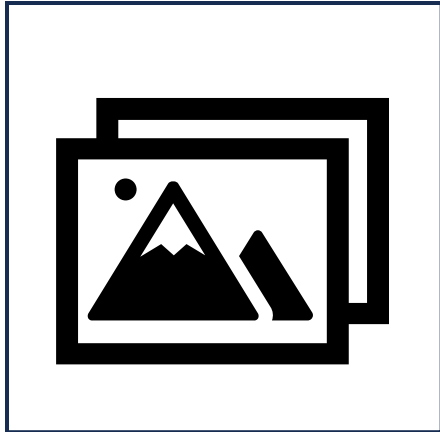


2023 Annual Progress Report (APR) Community Perspective Form



Please insert photo above

Name:

Community Steering Committee:

Affiliations:

Brief bio (maximum 3 lines):

Quote reflecting your personal experience in the AB 617 Program (maximum 3 lines):

Would you like South Coast AQMD to contact you to discuss your input?

No, I do not want to discuss.

Yes, I would like South Coast AQMD to contact me at:

Please submit your response by email to ab617@aqmd.gov by October 18, 2023 at 5:00 PM