PUBCOM/TAB 19

(PRB Use Only) Hearing Location:	
Hearing Date:	

## PRISONER REVIEW BOARD LANDON STATE OFFICE BUILDING

900 SW Jackson 4<sup>th</sup> Floor – Room 452 South Topeka, Kansas 66612-1220

Tel.: (785) 296-4524 Fax: (785) 296-7949

This Form is to be returned to the Prisoner Review Board at the Public Comments Session or mailed to the address shown above. Please print or type.

## **PUBLIC COMMENT FORM**

LEA	SE COMPLETE ALL PORT	IONS BELOW:			
	NAME OF INMATE ON WHOM YOU ARE COMMENTING:				
	Last Name	First Name	KDOC #	Facility	
	IN WHAT CAPACITY ARE YOU COMMENTING? (e.g., family of inmate, friend of inmate, victim of crime, family of victim, friend of victim, law enforcement official, interested citizen):				
	RELATIONSHIP				
M	MENTS CONCERNING SUI	TABILITY FOR PAROLE:			
	PLEASE CHECK ONE (	OF THE FOLLOWING:		s inmate's release I SUPPORTs inmate's release I OPPOSE.	
			Tills	s miniate's release I OFFOSE.	
	YOUR NAME AND ADDRESS (OPTIONAL):				
	Last Name	First Name	Street Address		
	City	State	Zip Code	Area Code/Telephone Number	