

Date \_\_\_\_\_

Private Well Comment Card  
Eielson Air Force Base

Name (Owner): \_\_\_\_\_

Name (Occupant): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

Contact Number: (Owner) \_\_\_\_\_ (Occupant) \_\_\_\_\_

Number of persons residing at this location: Adults (18 and over) \_\_\_\_\_

Teenagers (13 to 17) \_\_\_\_\_

Children (12 and under) \_\_\_\_\_

Years at this residence: \_\_\_\_\_ Full-Time  Seasonal

---

---

**Please provide any comments or questions in the space provided below:**