

DCS' Natural Gas Exploration and Production (NGE&P) Health and Community Impacts Survey
COVER SHEET

TO: ATSDR and/or DCS

TODAY'S DATE _____

Date of Your Household Survey Submission: _____

Household's Unique Household Identifier (HID) _____

Head of Household's name _____

Household Address _____

Town _____ State _____ Zip _____

Best Phone _____

Best Email address _____

(If you are working with a Multi-Household Group)

Unique Multi-Household Identifier (MHID) _____

Multi-Household Group Coordinator's:

Name _____

Best Phone _____

Best Email _____

Number of Pages Submitted with This Cover Sheet (Including Cover): _____

PLEASE CHECK ALL THAT APPLY

(___) I have separately submitted my Survey via email.

(___) I have separately submitted my Survey via a postal mail service.

(___) I have separately submitted other supporting documents

(___) This is my first submission of documents.

GENERAL DESCRIPTION OF THE ITEMS INCLUDED WITH THIS COVER SHEET:

For all Survey documents including SUBMISSION instructions see DamascusCitizensATSDR.org

You can always find us at naturalgashealthsurvey@DamascusCitizensATSDR.org or call 845-252-6677