

DCS' Natural Gas Exploration and Production (NGE&P) Health and Community Impacts Survey
Multi-Household Cover Sheet

TO: DCS P.O. Box 147, Milanville, PA 18443 TODAY'S DATE _____ Page # _____ of total _____ pages

Document name or description: _____

FROM Multi-Household Group - ID _____

Coordinator's Name: _____

Address _____

Town _____ State _____ Zip _____

Phone(s) _____ Best email _____

**This document applies to the following households within the Multi-Household Group identified above.
if more than 15 please add another sheet.**

1 - Household ID _____

2 - Household ID _____

3 - Household ID _____

4 - Household ID _____

5 - Household ID _____

6 - Household ID _____

7 - Household ID _____

8 - Household ID _____

9 - Household ID _____

10 - Household ID _____

11 - Household ID _____

12 - Household ID _____

13 - Household ID _____

14 - Household ID _____

15 - Household ID _____

NOTES _____
