

NOTE.—DO NOT USE THIS ROUTE SLIP TO
SHOW FORMAL CLEARANCES OR APPROVALS

DATE
April 23

TO:

AGENCY BLDG. ROOM

~~XXXXXXXXXX~~ DR. PAHL

MR. CHAMBLISS

MR BAUM

MR. PETERSON

- | | | |
|---|--|---|
| <input type="checkbox"/> APPROVAL | <input checked="" type="checkbox"/> REVIEW | <input type="checkbox"/> PER CONVERSATION |
| <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> NOTE AND SEE ME | <input type="checkbox"/> AS REQUESTED |
| <input checked="" type="checkbox"/> COMMENT | <input type="checkbox"/> NOTE AND RETURN | <input type="checkbox"/> NECESSARY ACTION |
| <input type="checkbox"/> FOR YOUR INFORMATION | | |
| <input type="checkbox"/> PREPARE REPLY FOR SIGNATURE OF _____ | | |

REMARKS:

Material for review and discussion at 3:00 pm meeting today.

1. Statement of Guideline requirements-
2. Draft report/review format for staff
3. Draft report/review format for technical review committee.
4. Ranking report from Tech. Rev. Com

To

From Matt Spear

A

PHONE

BUILDING

ROOM