## Comment Form

Scoping Newsletter

Mount Rushmore National Memorial South Dakota

National Park Service U.S. Department of the Interior



We encourage your responses be made electronically at http://parkplanning.nps.gov/moru. But if necessary feel free to complete this form with your comments and then fold this form in the middle and tape it closed. No postage is necessary.

What characteristics about Mount Rushmore National Memorial are special to you and why?

If you have visited at Mount Rushmore National Memorial, what did you enjoy most about your visit(s) to the park?

If you have visited at Mount Rushmore National Memorial, what did you enjoy least about your visit(s) to the park?

What opportunities and/or management would you like to see explored in the general management plan for Mount Rushmore National Memorial?

What is your greatest concern about the future of Mount Rushmore National Memorial?

Additional comments or concerns.

UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE DENVER SERVICE CENTER – GREG JARVIS, DSC-P 12795 WEST ALAMEDA PARKWAY PO BOX 25287 DENVER CO 80225-0287

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UNITED STATES

TO MAIL BACK, FOLD HERE AND TAPE BELOW (NO STAPLES, PLEASE)	
Na ma	e will send you future newsletters and information concerning the general management plan for Mount Rushmore tional Memorial. Please affix your mailing label or print your name and address in the space provided. If the iling label we used is incorrect, please indicate any corrections in the space below. To help us keep our mailing list curate and up-to-date, please check the boxes below that apply to your wishes. Thank you for your assistance.
	I wish to remain on the mailing list.
	Please add my name to the mailing list.
	Please remove my name from the mailing list.
	Please note corrections to my name or address (attach mailing label if possible)
	Please be aware that due to public disclosure requirements, the National Park Service, if requested, is required to make the names and addresses of commenters public. However, individual respondents may request that we withhold their name and address from the public record, which we will honor to the extent allowable by law. If you wish to withhold your name and or address from the public record, please check the box below.
	Please withhold my name and/or address from the public record
Nom	e:
Organization, if any:	
Address:	
City/State/Zip:	

Thank you for your interest in Mount Rushmore National Memorial!