# North Texas Metroplex COMMENT FORM

Use this form to provide your comments, concerns, questions, or suggestions to the Metroplex team. When finished, please provide this to a Go-Team member. Please see the attached form.  To submit a completed form, please scan and e-mail completed forms to rreid@cssiinc.com or wcrowe@mitre.org or heckberg@mitre.org

**Date/Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional)

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional)

**Area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sector/Position(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procedure(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Issue:**

☐ Airspace Design ☐ Procedure Design ☐ Phraseology

☐ SID/STAR Altitude ☐SID/STAR Airspace/Course

☐ Other

**Comments:**