**ALABAMA STATE DEPARTMENT OF EDUCATION**

**LEA** _____
**Public Hearing Date**_____

# RESPONSE TO REVIEW OF PROPOSED ANNUAL BUDGET

(Submit to local board office no later than ten days after Public Hearing Date)

COMMENTS PERTAINING TO A SPECIFIC SCHOOL/COST CENTER:

NAME OF SCHOOL/COST CENTER_____

COMMENTS:

GENERAL COMMENTS (Not relating to a specific cost center):

Submitted by: Name_____ Signature_____

Address_____

Telephone No._____