Community Action Partnership
Community Needs Assessment - Public Hearing

pName/Nombre: _____

Address/Domicilio: _____

_____

In my opinion, my community's top service needs are…
En mi opinión, las necesidades más importantes de mi comunidad son…

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Signature/Firma: _____

All written testimony must be received by April 15, 2025

Mail/Drop off:
Monterey County CAP
1000 S. Main St, Ste 301
Salinas, CA 93901
Email: mccap@countyofmonterey.gov
Fax: (831) 755-8477