



**Attachment B. BESS Code Recommendations Respondent Form**

**Name:**

**Title:**

**Affiliation:**

**Email:**

**What geographic area do you represent? Please Select from Dropdown**

***Other Geographic Area:***

**Which of the following sectors (if any) does the Affiliation/ Group represent?**

- |  |  |
|--|--|
| <input type="checkbox"/> Suppliers           | <input type="checkbox"/> Public health               |
| <input type="checkbox"/> Manufacturers       | <input type="checkbox"/> Safety response             |
| <input type="checkbox"/> Developers          | <input type="checkbox"/> Environment or conservation |
| <input type="checkbox"/> Contractors         | <input type="checkbox"/> Not applicable              |
| <input type="checkbox"/> Local government    | <input type="checkbox"/> Other interests             |
| <input type="checkbox"/> Tribal government   |  |
| <input type="checkbox"/> Regional government |  |

***Other Interests:***

**Provide narrative or summary feedback on the NYS Interagency Fire Working Group Fire Code Recommendation Report below in the grey box. You may type directly into the box or copy and paste content in. Alternatively, you may use tracked changes and comments throughout the text of the draft Report provided as Attachment A. If submitting comments via Attachment A, please also complete and submit at least the top portion of this form, Attachment B.**