RECOMMENDED CHANGE TO	O A DOCT	RINAL PU	IBLICATION		DATE
This form is used to identify the need to change a of MS Word to create a blank document and submeds to be changed. This form may be mailed to Camp Lejeune, NC 28542-0069 or sent electron to submission, verify that MCES is appointed as the can be accomplished by visiting					

PART II – ADDITIONAL COMMENTS
For each comment, include as applicable: Comment number, page number, paragraph number, figure number, table number, recommended change and reason for change.
PART III - ADDITIONAL COMMENTS
or each comment, include as applicable: Comment number, page number, paragraph number, figure number, table number, recommended hange and reason for change.