

COUNTY _____

**HOLIDAYS OR DAYS AGENCY WILL BE CLOSED FOR BUSINESS FROM
JANUARY 1, 2007 THROUGH DECEMBER 31, 2007**

Please list each date separately. Give month and day.

HOLIDAY

MONTH AND DAY

Please fax by **August 15, 2006** to:

**Alma Spencer, Program Consultant
Performance Mgmt/Reporting & Eval Mgmt
Fax Number: (919) 733-0645**

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