# Questions

**Title of Report**

Submission prepared by: <company name and contact>

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| --- | --- |
| Question | Comment |
| **Do you agree with the final changes made to the Gas Consumer Care Guidelines?** |  |
| **Do you have any comments on the draft Notice of Potential MDC Status?** |  |
| **Do you have any comments on the draft Gas Consumer Care Policy for Retailers?** |  |