Pennsylvania
Department of Transportation

COMMENT FORM

ROUTE 27 BRIDGE REPLACEMENT PROJECT, WARREN COUNTY

WHAT IS YOUR INTEREST IN THE PROJECT?

- ☐ Property Owner
- ☐ Resident
- ☐ Community Stakeholder
- ☐ Business Owner
- ☐ Commuter
- ☐ Other:

WERE YOU SATISFIED WITH THE INFORMATION PROVIDED FOR THIS PROJECT?

Yes / No - Please explain:

ARE YOU AWARE OF ANY OF THE FOLLOWING RESOURCES OR FACILITIES WITHIN THE PROJECT AREA? PLEASE SELECT ALL THAT APPLY.

- ☐ Socioeconomic Resources
- ☐ Natural Resources
- ☐ Historic Resources
- ☐ Public Facilities
- ☐ Other

Yes / No – If yes, please describe the resources or facilities:

ARE YOU AWARE OF ANY OF THE FOLLOWING FEATURES WITHIN THE PROJECT AREA THAT SHOULD BE IDENTIFIED ON THE PLANS? PLEASE SELECT ALL THAT APPLY.

- ☐ Adjacent Utility Lines
- ☐ Property Leases or Easements
- ☐ Septic Systems
- ☐ Water well
- ☐ Other

Yes / No - If yes, please identify the features and their location if known:

DO YOU HAVE ANY COMMENTS REGARDING THE PROPOSED TRAFFIC CONTROL MEASURES?

Yes / No - If yes, please explain:

ADDITIONAL COMMENTS:

WOULD YOU LIKE A PENNDOT REPRESENTATIVE TO CONTACT YOU?

Yes / No

See next page →

Pennsylvania
Department of Transportation

COMMENT FORM

CONTACT INFORMATION **(OPTIONAL)**

Please note a public comment may be considered a public record subject to Pennsylvania's Right-to-Know Law, 65 P.S. § 67.101 *et seq.*

First/Last Name:

Phone Number: **Email:**

VOLUNTARY INFORMATION SURVEY (OPTIONAL)

As a recipient of federal funds, PennDOT strives to involve all groups relevant to its projects in its public involvement activities. The following information will assist PennDOT in planning outreach to communities during the course of the project. Thank you for your participation.

Zip Code:

County:

Gender: Male / Female / Nonbinary / Other: _____ / Prefer Not to Say

Disability? Yes / No / Prefer Not to Say
Pennsylvania Code (16 Pa. Code § 44.4) defines a handicapped or disabled person as a person who has or is one of the following:
(A) A physical or mental impairment which substantially limits one or more major life activities.
(B) A record of an impairment.
(C) Regarded as having an impairment.

Race/Ethnicity (Please select all that apply)

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other: _____
- ☐ Prefer Not to Say

Household Income	
☐ Less than $25,000	☐ $100,000-$199,999
☐ $25,000-$49,999	☐ $200,000 or more
☐ $50,000-$99,999	☐ $Prefer not to say

Please answer the following two questions only if you speak a language other than English at home.

Language spoken at home: _____
For example: Korean, Italian, Spanish, Vietnamese

How well do you speak English?

- ☐ Very Well
- ☐ Well
- ☐ Not well
- ☐ Not at all

Return to PennDOT Brody Guth, P.E. at 255 Elm Street, Oil City, PA 16301.