**MPMS 119936 – SR 2029 Section 04B**

**Questionnaire / Comment Form**

Please circle the answer that best represents your opinion survey.

1. Were you satisfied with the information provided with the plans display? Yes No

Comments:

1. Do you favor the proposed improvements presented for the Project? Yes No

Comments:

1. Do you have any comments or concerns regarding the traffic control or detour? Yes No

Comments:

1. Do you have any special concerns regarding impacts from the proposed construction? Yes No

Comments:

1. May PennDOT contact you regarding your response to this questionnaire? Yes No

If yes, please enter your contact information below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide any additional comments below:

Comments:

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For More Information Contact:

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