D i	strict 4 Public Meeting Comment Form pennsylvania department of transportation				
	eedback (Please take a few minutes to fill out the comment form so we may better understand your concerns.) cope of Work - PennDOT plans to				
 1.	Do you favor the proposed project? □ Strongly Favor □ Favor □ Neutral □ Somewhat Object □ Strongly Object				
2.	. Do you have questions about the project? ☐ Yes ☐ No If yes, please list your questions and the project team will get back to you. (Please be sure to fill out your contact information below.)				
3.	Do you have any concerns with the planned Traffic Control Method? Yes No If yes, please list your concerns and the project team will get back to you. (Please be sure to fill out your contact information below.)				
4.	Are the plans informative? □ Very Informative □ Somewhat Informative □ Not Informative Please provide comments:				
5.	What can be done to improve the presentation?				
6.	Do you have other specific comments or concerns? Please list them and the project team will get back to you. (Please be sure to fill out your contact information below.)				

What is your interest in the project?					
□Property Owner □Busine	ss Owner □Resident	□Commuter	□Stakeholder	□Other	
If other, please explain:					
				•••••	
Contact Information:					
Please provide the following inform	ation in the event we wis	h to contact you	for follow up info	rmation.	
Name					
Phone Number					
Address					
City					
Thank you for takin	g the time to give us your	comments and s	suggestions.		
				• • • • • • • •	
Voluntary Information Sur	vey (Optional)				
As a recipient of federal funds, Per	nDOT strives to involve a	all groups releva	nt to its projects i	n its public	
involvement activities. The following					
communities during the course of the	ne project. Thank you for	r your participation	on.		
Zip Code:	County: _				
Gender:	Race/Ethn	Race/Ethnicity:			
☐ Male ☐ Female ☐ Non-Bina		☐ Hispanic or Latino ☐ Asiar			
		☐Black or African American ☐White			
	—	☐American Indian or Alaskan Native ☐Othe			
	□Hawaiiai	☐Hawaiian Native or Pacific Islander			
Disability	Household	d Income			
☐ Yes ☐ No	□ \$0-\$12,	000	□ \$13,000-\$2	,	
	□ \$25,000		□ \$37,000-\$4	8,000	
	□\$49,000)-\$60,000	□ \$61,000+		
First Language	Second La	anguage			
☐ English ☐ Spanis	sh □ English]Spanish		
☐ French ☐ Germa] German		
☐ Vietnamese ☐ Korea] Korean		
☐ Chinese ☐ Russia] Russian		
☐ Tagalog ☐ Other	☐ Tagaloç	g \square] Other		
	Please return by mail or e	email to:			
Project Manager Name:	_				
Address:					
Email:		Phone:			