

# District 4 Public Meeting Comment Form

LUZERNE COUNTY

SALEM TOWNSHIP

SR 4004 PIPE PROJECT



**pennsylvania**

DEPARTMENT OF TRANSPORTATION

**Feedback** *(Please take a few minutes to fill out the comment form so we may better understand your concerns.)*

Scope 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.)

7. What is your interest in the project?

☐Property Owner   ☐Business Owner   ☐Resident   ☐Commuter   ☐Stakeholder   ☐Other  
If other, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Contact Information:**

Please provide the following information in the event we wish to contact you for follow up information.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Thank you for taking the time to give us your comments and suggestions.*

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**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:** \_\_\_\_\_

<b>Gender:</b>	<b>Race/Ethnicity:</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American <input type="checkbox"/> White
	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other
	<input type="checkbox"/> Hawaiian Native or Pacific Islander

<b>Disability</b>	<b>Household Income</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$0-\$12,000 <input type="checkbox"/> \$13,000-\$24,000
	<input type="checkbox"/> \$25,000-\$36,000 <input type="checkbox"/> \$37,000-\$48,000
	<input type="checkbox"/> \$49,000-\$60,000 <input type="checkbox"/> \$61,000+

<b>First Language</b>	<b>Second Language</b>
<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> English <input type="checkbox"/> Spanish
<input type="checkbox"/> French <input type="checkbox"/> German	<input type="checkbox"/> French <input type="checkbox"/> German
<input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean
<input type="checkbox"/> Chinese <input type="checkbox"/> Russian	<input type="checkbox"/> Chinese <input type="checkbox"/> Russian
<input type="checkbox"/> Tagalog <input type="checkbox"/> Other	<input type="checkbox"/> Tagalog <input type="checkbox"/> Other

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**Please return by mail or email to:**

Project Manager Name: Carmen Di Pietro Jr., M.Eng., P.E.

Address: 55 Keystone Industrial Park Road Dunmore PA, 18512

Email: cadipietro@pa.gov Phone: 570-963-4057