



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

Mailing address (or nearest cross streets): \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of impacted property (or nearest cross streets): \_\_\_\_\_

*Contact information is not required but will ensure you receive a response.*

Type of property:  Residence  Business      Property ownership:  Own  Rent

Select the age range that represents you.

20's and younger     30's and 40's     50's and 60's     70's and older

How did you hear about this meeting? *(Select all that apply)*

Newspaper       Mailed letter       TV or radio       Church       Word-of-mouth  
 ODOT website     Social media       Email             Other: \_\_\_\_\_

What is your interest in the proposed project? *(Select all that apply)*

I am an area resident     I am an area business owner or employee     I am a commuter  
 Other: \_\_\_\_\_

How often do you travel in the project area?

Daily     A few times per week     Once a month     Other: \_\_\_\_\_

How do you usually travel through the project area? *(Select all that apply)*

Automobile     Bicycle     Walk     Other: \_\_\_\_\_

What are your thoughts on the project alternatives provided?

---

---

---

---

---

---

---



FOLD HERE

---

---

---

---

---

PLACE  
POSTAGE  
HERE

Ohio Department of Transportation District 8  
ATTN: Keith Smith  
505 South SR 741  
Lebanon, OH 45036-9518

---

FOLD HERE