

**Please print your contact information.**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone Number:** (     ) - \_\_\_\_\_ - \_\_\_\_\_

**Which describes your primary interest in the project? Check all that apply.**

- Concerned Citizen**     
  **Affected Resident**     
  **Affected Landowner**  
 **Affected Business**      **Name of Business:** \_\_\_\_\_  
 **Other:** \_\_\_\_\_

**Do you have issues and/or concerns about the design of the project?**     **Y**     **N**

**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are there any changes you would make to the project?**     **Y**     **N**

**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hearing Process Criteria**

**Please rate our public involvement process from 1 to 5, with 1 the worst and 5 the best.**

Organization of Materials	5	4	3	2	1	Information Presented	5	4	3	2	1
Length of Meeting	5	4	3	2	1	People Presenting	5	4	3	2	1
Time of Meeting	5	4	3	2	1	Visual Aids	5	4	3	2	1

**For any score lower than three (3), please provide an explanation:** \_\_\_\_\_  
 \_\_\_\_\_

**Additional Comments:**

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**Fold Here**

**You must staple or tape shut at bottom before mailing.**

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**Place  
Stamp  
Here**

**Tennessee Department of Transportation  
Project Comments  
505 Deaderick Street  
Suite 700, James K. Polk Building  
Nashville, Tennessee 37243-0332**