**Public Involvement Meeting Comment Form**

Project ID (xxxx-xx-xx)

(Project Name or Roadway)

 (Project Termini or Construction Location)

(Name of County) County

(Date of Public Involvement Meeting)

Please place this form in the comment box or mail by (Date) to the address on the back of this sheet. Comments can also be e-mailed to (E-mail Address). Your comments assist us in developing a project that will serve the needs of the traveling public as well as the needs of the local community. Your input is welcome and appreciated throughout the design process.

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

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

Daytime Phone Number (optional): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Email Address (optional): *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please Print Comments (attach additional sheets if necessary)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

*The information in this document including names, addresses, phone numbers, e-mail addresses, and signatures is not confidential, and may be subject to disclosure upon request, pursuant to the requirements of the Wisconsin open records law, sections 19.31 - 19.39 of the Wisconsin Statutes.*

Fold here

 [*Stamp or Pre-paid Postage*]

Wisconsin Department of Transportation

(*Address*)

Attn: (*Name*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fold here to mail