## **District 4 Public Meeting Comment Form**

Lackawanna County

Scott Township

SR 347, Section 253 Project



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

7. What is your interest in the p	What is your interest in the project?					
☐ Property Owner ☐ Busines	s Owner Resident	☐Commuter	□Stakeholder	☐ Other		
If other, please explain:						
	• • • • • • • • • • • • • • • • • • • •			•••••		
Contact Information:						
Please provide the following inform						
Name				·		
Phone Number	Email:	· · · · · · · · · · · · · · · · · · ·				
Address						
City						
	g the time to give us your					
<b>Voluntary Information Sur</b>	rvey (Optional)					
As a recipient of federal funds, Per						
involvement activities. The following	•	•	•	1		
communities during the course of t	ne project. Thank you fo	or your participati	on.			
Zip Code:	County: _	County:				
Gender:	Race/Ethr	Race/Ethnicity:				
☐ Male ☐ Female ☐ Non-Bina		☐ Hispanic or Latino ☐ Asia				
	<del></del> -	☐ Black or African American ☐ Whi				
		☐ American Indian or Alaskan Native ☐ Othe ☐ Hawaiian Native or Pacific Islander				
Dischility	_	d Income				
Disability				4.000		
☐ Yes ☐ No	□ \$0-\$12, □ \$25,000		☐ \$13,000-\$2	•		
	☐ \$25,000 ☐ \$49,000		□ \$37,000-\$4 □ \$61,000+	0,000		
First Language	Second La		<b>—</b> + - 1,			
☐ English ☐ Spanis			] Spanish			
☐ French ☐ Germa	•		] German			
☐ Vietnamese ☐ Korear	n ☐ Vietnar	nese 🗀	] Korean			
☐ Chinese ☐ Russia	ın ☐ Chines	e 🗆	] Russian			
☐ Tagalog ☐ Other	☐ Tagalo	g 🗆	] Other			
	Please return by mail or	email to:				
Project Manager Name: Charl	_					
<u> </u>	al Park Dunmore, PA	18512				
Email: <u>creuther@pa.gov</u>	P	hone:				