

District 4 Public Meeting Comment Form

Luzerne County
Kingston Township
Route 1036 Pipe Replacement



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:** _____

Gender: Male Female Non-Binary
Race/Ethnicity: Hispanic or Latino Asian
 Black or African American White
 American Indian or Alaskan Native Other
 Hawaiian Native or Pacific Islander

Disability Yes No **Household Income**
 \$0-\$12,000 \$13,000-\$24,000
 \$25,000-\$36,000 \$37,000-\$48,000
 \$49,000-\$60,000 \$61,000+

First Language English Spanish French German
 Vietnamese Korean Chinese Russian
 Tagalog Other
Second Language English Spanish French German
 Vietnamese Korean Chinese Russian
 Tagalog Other

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Please return by mail or email to:

Project Manager Name: _____

Address: _____

Email: _____ Phone: _____