

## **Public Meeting**Comment Form

Thank you for participating in the project planning process. Your input will support SCDOT's continued efforts to improve South Carolina's transportation infrastructure.

| Name                                     |                            |                              |
|--|----------------------------|------------------------------|
| Street Address                           |                            |                              |
| Email Address                            |                            |                              |
| Phone Number                             |                            |                              |
| Your primary reason for interest in thi  | s transportation project ( | check one):                  |
| Resident/Property Owner                  | Elected Official           | Community Group              |
| Business Owner                           | Other:                     |                              |
| Please provide your comments below       | v. Continue on the other   | side if you need more space. |
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| Would you like SCDOT to respond to       | your comments? Ye          | es No                        |
| How would you like to receive a response | onse? Email                | MailPhone                    |

**Note:** Information provided, including name and address, will become part of the project record and is subject to disclosure under the Freedom of Information Act.