



Name: _____

Mailing address (or nearest cross streets): _____

Email address: _____ Phone: _____

Address of impacted property (or nearest cross streets): _____

Contact information is not required but will ensure you receive a response.

Type of property: Residence Business Property ownership: Own Rent

How did you hear about this project? (Select all that apply)

- Newspaper Mailed letter TV or radio Church Word-of-mouth
- ODOT website Social media Email Other: _____

What is your interest in the proposed project? (Select all that apply)

- I am an area resident I am an area business owner or employee I am a commuter
- Other: _____

How often do you travel in the project area?

- Daily A few times per week Once a month Other: _____

How do you usually travel through the project area? (Select all that apply)

- Automobile Bicycle Walk Other: _____

What are your thoughts on the project alternatives provided?

General comments: _____

Additional comments may be attached to this document using a separate piece of paper.

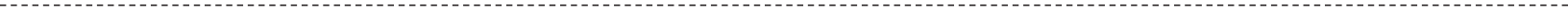
**COMMENTS DUE BY
SEPTEMBER 23, 2021**

Comments may be submitted:

- Verbally or in writing
- By email at Brian.Peck@dot.ohio.gov
- By telephone at 330-786-4931
- Online at [website](#)
- By mail (enclosed prepaid postage envelope) or at:

Brian Peck, Environmental Specialist
Ohio Department of Transportation - District 4
2088 S. Arlington Road, Akron, OH 44306-4243

Additional General comments:





Thank you for taking a few minutes to complete this survey. **Answering the following questions is optional.** Your response will be extremely helpful in ensuring the fairness and equity of ODOT's public involvement process. These questions are not listed in any particular order.

What is your race?

- Black or African American American Indian or Alaskan Native Asian Hispanic or Latino
- White Native Hawaiian or Other Pacific Islander
- I prefer to self-describe: _____

What is the primary language spoken in your home?

- English Spanish Other (Please specify): _____

Was project information translated into other languages appropriately?

- Yes No Not Applicable

How many people live in your household?

- 1 - 2 3 - 5 6 +

What are the age ranges of those living in your household? (Check all that apply.)

- Under 18 19 - 44 45 - 64 65 +

What is your annual household income?

- Less than \$10,000 \$10,000 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$74,999
- \$75,000 - \$99,999 \$100,000 - \$149,999 \$150,000 +

What is the highest level of education completed by members of your household?

- No Elementary school Middle school High school College/university
- Other: _____

Do any individuals living in your home have a physical or mental impairment which substantially limits one or more major life activities?

- Yes No

Please suggest additional ways you think ODOT can improve the inclusiveness of our public outreach efforts.

Thank you for helping
ODOT improve its public
involvement practices!

Please submit this page only:
Online at transportation.ohio.gov
Email to PublicInvolvement@dot.ohio.gov
Mail using the enclosed envelope or to:
Public Involvement
Ohio Department of Transportation
1980 W. Broad Street, MS4170
Columbus, OH 43223