

Comments

Please **PRINT** all information clearly. Thank you!

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: _____
 Email Address: _____

Should an alternate transportation service be provided, we would like your input.
 Please **Circle Your Preferred Option (Either A or B)** and Complete the Information

A - Commuter Parking Lots

OR

B - Shuttle Service

Please List Best Locations for
Commuter Lots

Please List Best Locations for
Shuttle Stops

- 1) _____
- 2) _____
- 3) _____

- 1) _____
- 2) _____
- 3) _____

**Number of Days Shuttle Should
be in Operation:** _____ Days

**Best Time of Day for Shuttle
Operation - (List one AM time
and one PM time)**

Shuttle Operation: _____ a.m.
and _____ p.m.

Please include additional comments
regarding this project on the back of
this sheet. We appreciate your partici-
pation.

Signed: _____

IF RETURNING COMMENTS BY MAIL, PLEASE SEND TO:
 Preston Kramer, Project Manager
 Missouri Department of Transportation - P.O. Box 8 - Macon, MO 63552
 Will be made part of the public record if returned by May 5, 2008

