

### Comment Form

Name:	
Address:	
Email:	
Phone:	
	Would you like to be added to the project mailing list? <input type="checkbox"/> Yes <input type="checkbox"/> No

How did you hear about this workshop?

- Newspaper Ad    News Article    Word of Mouth    TV/Radio
- Other \_\_\_\_\_

### TRANSPORTATION SYSTEM PLAN PROJECT RECOMMENDATIONS

Please review the boards and your Transportation Summit handout for more information on the recommendations.

Do you have any ideas or concerns with the recommendations shown tonight? What are they?

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## PROJECT PRIORITIES AND IMPLEMENTATION

Do you agree with the short, medium, long, and very long term priorities for implementation?  
If now, how would you change the priorities?

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Please let us know if you have any other comments or concerns:

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