

Town of Signal Mountain

PROJECT DESCRIPTION: James Boulevard Rehabilitation

DATE: August 29, 2013

Federal Project No. STP-M-9215(2)

PIN 117949.00

NAME _____		EMAIL _____	
ADDRESS _____			
CITY _____		STATE _____	ZIP _____
PHONE (include area code) _____			
Which describes your primary interest in the project?		Concerned Citizen	Affected Resident
Affected Landowner	Affected Business	Name of Business _____	

Comments:

Meeting Process Criteria

	<u>Best</u>	<u>Worst</u>		<u>Best</u>	<u>Worst</u>
Organization of Materials	5	4	3	2	1
Length of Meeting	5	4	3	2	1
Time of Meeting	5	4	3	2	1
Convenience of Location	5	4	3	2	1
Facility Accommodations	5	4	3	2	1
Information Presented	5	4	3	2	1
People Presenting	5	4	3	2	1
Knowledge of Engineer Staff	5	4	3	2	1
Courtesy of Engineer Staff	5	4	3	2	1
Visual Aids	5	4	3	2	1

For any score lower than three (3), please provide an explanation. _____

Note: Comments must be returned to Town Hall by September 30, 2013.