



Department of
Transportation

***Olentangy Pedestrian Crossing Improvements
Public Comment Form***

Contact information is **not required** but will ensure you receive a response, should one be required.

Name: _____

Mailing address (or nearest cross streets):

Email address: _____ Phone: _____

Address of impacted property (or nearest cross streets):

Business/Organization Name:

Business/Organization Address:

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

- TV or radio Church Word-of-mouth Powell website Social media Email
 Other: _____

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

- Area Resident Area business owner or employee Commuter
 Other _____

How often do you travel in the project area?

- Daily A few times a week Weekly A few times a month Monthly
 Other: _____

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

- Automobile Bicycle Walk Other: _____

Please turn form over for comments section

