

# Central County Feedback on Transportation Issues

(Optional) Name \_\_\_\_\_

(Optional) Email or phone number \_\_\_\_\_

## Feedback on Potential Projects listed in the Presentation

1. Identify the potential projects in the Central County Area of Benefit (AOB) boundary that you support and a brief description of the problem you hope it will remedy. Please provide the project number.
2. Identify the potential projects in Central County AOB that you oppose and briefly describe why. Please provide the project number.

## Projects that should be considered to be added to the Central AOB project list

3. Identify project(s) you suggest to be included in the project list and briefly describe the potential problem it will solve. If you put a dot on the map, please provide the dot number.