

Public Feedback Worksheet



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Sacramento Area Council of Governments

NAME <i>Carole Blacklock</i> <i>65yrs old</i>			INTAKE DATE <i>11/06/07</i>
STREET ADDRESS			CONTACTED SACOG BY
CITY	STATE	ZIP	<input checked="" type="checkbox"/> phone
PHONE	<i>[REDACTED]</i>		<input type="checkbox"/> email
E-MAIL			<input type="checkbox"/> walk-in
STAFF ASSIGNED			DATE COMPLETED

OTHER INFORMATION:

21-1 PROBLEM OR CONCERN: *Suggests legislation that Jurisdictions & Caltrans are required to purchase right of way surrounding all roads.*

RELATED TO THE FOLLOWING PROJECT OR ISSUES:

- Blueprint
- Connector Study
- MTP2035
- Air Quality
- 511
- Other _____
- SACOG Website

RESEARCH: (Include agency identification, name and phone numnbers of contacts etc. Attach any relevant information.)

Communications Team Use ONLY Staff time: _____