

Public Feedback Worksheet



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Sacramento Area Council of Governments

NAME <u>Don Kowall</u>		INTAKE DATE <u>12/21/07</u>
STREET ADDRESS		CONTACTED SACOG BY
CITY	STATE <u>CA</u> ZIP	<input checked="" type="checkbox"/> phone
PHONE <u>996-9295</u>		<input type="checkbox"/> email
E-MAIL		<input type="checkbox"/> walk-in
STAFF ASSIGNED <u>Lacey</u>	<u>please call him w/ any info. re: CapCity Fwy projects and any performance metrics.</u>	DATE COMPLETED
OTHER INFORMATION:		<u>Thx. Erik</u>

26-1 PROBLEM OR CONCERN: CapCity Fwy 4 lanes red. 2 btwn DT & Arden Way feels it isn't being address

RELATED TO THE FOLLOWING PROJECT OR ISSUES:

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

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

Communications Team Use ONLY Staff time: _____