

MTP 30

Public Feedback Worksheet



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NAME <u>Robert Tanner</u>			INTAKE DATE
STREET ADDRESS			CONTACTED SACOG BY
CITY	STATE	ZIP	<input checked="" type="checkbox"/> phone
PHONE <u>107.887.9449</u>			<input type="checkbox"/> email
E-MAIL			<input type="checkbox"/> walk-in
STAFF ASSIGNED			DATE COMPLETED

OTHER INFORMATION:

31-1 [PROBLEM OR CONCERN: Issues need to be dealt with more closely re: traffic signal design/operation.

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: _____