



### We want your feedback!

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

**Do you want to receive updates from the Project Team?** Circle one.  
Yes | Email Updates      Yes | Text Updates      Yes | Both      No | Neither

**What is your interest in the project?** Circle all that apply.  
Live in the area      Work in the area      Drive through the area      General interest in the project

**How often do you drive this portion of I-65?** Circle one.  
Daily      2-3 times/week      Weekly      A few times/month      Rarely

**Please share your thoughts regarding the project, planned improvements and corridor needs.**

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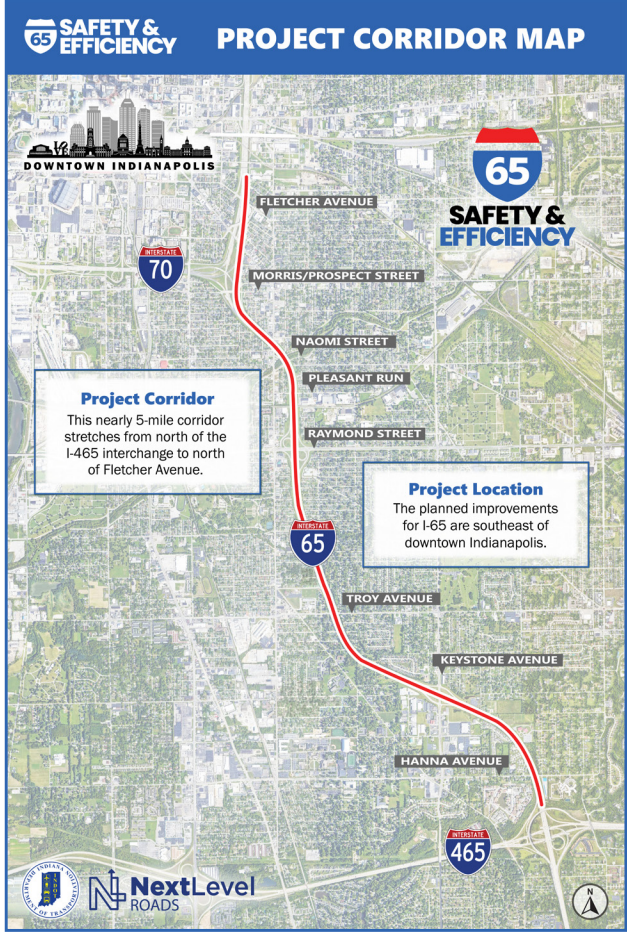
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Comments can be continued on the back of this page.

