





Contact information is not required but will ensure you receive a response, should one be required.

Email address:	Phone:
•	ed property (or nearest cross streets):
	tion Name:
Business/Organiza	tion Address:
□ Newspaper□ City websiteWhat is your inter□ Area Resident	about this meeting? (Select all that apply.) □ Mailed letter □ TV or radio □ Church □ Word-of-mouth □ Social media □ Email □ Other: rest in the proposed project? (Select all that apply.) □ Area business owner or employee □ Commuter
□ Daily □ A f	travel in the project area? ew times a week Weekly A few times a month Monthly
-	lly travel through the project area? (Select all that apply) ☐ Bicycle ☐ Walk ☐ Other:
Comments:	

COMMENTS DUE BY February 25, 2024

Comments may be submitted:

- Verbally or in writing after the public meeting
- By email at dtalkington@cityofgreen.org
- By telephone at (330) 896-5510

Visit the project website for more information: structurepointpublic.com/arlingtonroadimprovements







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