





**Please provide general suggestions regarding the Transportation Master Plan below.**

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**How did you hear about this meeting?**

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Boulder County website	<input type="checkbox"/> Other _____
<input type="checkbox"/> Email	

Please complete the information below to **be included in the mailing list** to receive future notifications for this project.

Information collected will be used in accordance with the Freedom of Information and Protection of Privacy Act and the Access to Information Act. With the exception of personal information, all comments will become part of the public record.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL\*: \_\_\_\_\_

***\* To reduce impacts to the environment as well as public project costs, we will provide project information electronically as much as possible. If an email address is provided, hard copies of information will not be mailed to your address unless requested.***

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