

PLEASE TAPE SHUT – DO NOT STAPLE

WRITTEN COMMENTS FORM

This form is provided for the purpose of making your concerns known to the reviewing agencies that will approve the project work. Please indicate the date, your name and address, and state your concerns on this form.

The completed form may be returned to any project staff this evening or mailed to the address below. Please return the form, folded and taped so that the return address is clearly visible.

Thank you for expressing your comments.

From: _____

Place Stamp Here

Mr. Christopher Schregel, LSIT
Project Manager/Traffic Safety Coordinator
Town of Amherst Engineering Department
1100 North Forest Road
Williamsville, New York 14221
