# Hillsborough County Constrained Roads Study
# Comment Sheet

**Name:** _____

**Association/Agency (if applicable):** _____

**Address:** _____
**(Street)**

_____
**(City)** **(State)** **(Zip Code)**

**Telephone No.:** _____

**Email:** _____

**Would you like to be placed on the study's mailing list? Yes ☐ No ☐**

**Please provide your comments below. We are especially interested in any corridors that you feel should remain on or be removed from the constrained roads list and your reasons why. Thank you in advance for your comments, as it is valuable input to our study process.**

**COMMENTS:**

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**Please mail or fax this comment sheet to:**

**Ned Baier, AICP, Project Manager**
**Hillsborough County P&GM**
**601 E. Kennedy Blvd., 20th fl, Tampa, FL 33602**
**Fax# 813-276-8417**