Please indicate your satisfaction with the Relocation Assistance Program by circling the appropriate category or checking the "not applicable" box.

	Excellent	Good	Average	Below Average	Poor	Not Applicable
1. How well did we explain your relocation benefits and answer your questions about the relocation assistance program?	(5)	4	3	2	1	☐
2. Was the Relocation Agent informed and responsive to your questions?	(5)	4	3	2	1	☐
3. Was the Relocation Agent courteous and professional?	(5)	4	3	2	1	☐
4. How would you rate the usefulness of the printed material provided by the Department?	(5)	4	3	2	1	☐
5. Overall, how would you rate the way your relocation was handled?	(5)	4	3	2	1	☐

Comments: Sent Letter to CAROL MURRAY Comm. Dot

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name: Phone Number: ( )

To be completed by NHDOT Right-of-Way Agent

Project Number: 10040 A	Parcel Number:

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