

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	<input type="checkbox"/>
2. Was the Relocation Agent informed and responsive to your questions?	5	4	3	2	1	<input type="checkbox"/>
3. Was the Relocation Agent courteous and professional?	5	4	3	2	1	<input type="checkbox"/>
4. How would you rate the usefulness of the printed material provided by the Department?	5	4	3	2	1	<input type="checkbox"/>
5. Overall, how would you rate the way your relocation was handled?	5	4	3	2	1	<input type="checkbox"/>

Comments: *Mr. [Name] was exceptional! He should be commended by the State for the outstanding way he represented DOT in my relocation.*

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

Name: _____ Phone Number: () _____ DEPT. OF TRANSPORTATION
RIGHT-OF-WAY

To be completed by NHDOT Right-of-Way Agent

NOV 09 2010

Project Number: *Berlin 12958B* Parcel Number: _____

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