

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

MANCHESTER, NH 031  
Below  
Not  
Applicable

Excellent    Good    Average    Average    Poor    Not Applicable

	Excellent	Good	Average	Average	Poor	Not Applicable
1. How well did we answer your questions about the proposed transportation project?	5	4	3	2	1	<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?	5	4	3	2	1	<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	5	4	3	2	1	<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	5	4	3	2	1	<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?	5	4	3	2	1	<input type="checkbox"/>

Comments: \_\_\_\_\_

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  
Project Number: *Salem - 10418C* Parcel Number: \_\_\_\_\_

*Manchester*

JUL 25 2008

RECEIVED