

checking the "not applicable" box.

	Excellent	Good	Average	Below 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: Alstead 14540M Parcel Number:

DEC 17 2010

RECEIVED