

Please indicate how well we did in the acquisition of your property by circling the appropriate category or 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 checked="" 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 checked="" type="checkbox"/>

Comments: *I feel sorry for those & myself, that we couldn't put back legally what some of what we lost. Those who just went ahead did, were not stopped by those who had the power to do so.*

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: _____ NOV 20 2006

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