

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

JAN 09 2013

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*Manchester*

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