

REVIEW COMMENTS – SECTIONS 5310, 5311, 5316 AND 5317 STATE MANAGEMENT PLAN

Name and Title:		Organization:		
Phone:		Email:	Date:	
Section (i.e. Roles and Responsibilities)	Page # and Paragraph #	Current language	Comment	Suggested Revised Language

RETURN THE FORM TO ctptransportation@ncdot.gov NO LATER THAN FEBRUARY 13, 2012.