



Cape Fear Skyway

Brunswick and New Hanover Counties



COMMENT FORM

Contact Information (Please Print)

Name: _____ Email Address: _____

Mailing Address: _____

Please use the space below to include your comments or questions concerning the Cape Fear Skyway project. If you need additional space, use the back of this comment form or include your own letter.

1. Do you have any comments or questions regarding the purpose and need of the Cape Fear Skyway project?

2. Based on the maps shown at the workshop, which alternative do you believe would best meet the transportation need? Are there any other options you feel should be considered?

3. Do you have any comments or questions regarding the environmental or human impacts resulting from the project?

4. Please provide any additional comments or questions.

Please drop your comment form in the comment box at the workshop or return to one of the addresses provided below by April 24, 2011.

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