



LMSOA ROAD FEEDBACK FORM

*Forms with abusive language or derogatory comments will not be considered.

CONTACT INFORMATION [NOT REQUIRED]: Contact information will be used for updates.

Name: _____ Address or Section & Lot #: _____

Email: _____

ROAD INFORMATION [REQUIRED]: Information required to investigate and determine priority.

Please complete the information below to tell us the location of the road-related issue.

Address: _____

Intersection/Landmarks: _____

Please indicate the type of road issue by checking the appropriate boxes below.

| Roadside | Roadway |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Roadside (along the side of the road) <input type="checkbox"/> Visibility <input type="checkbox"/> Brush/Trees <input type="checkbox"/> Other | <input type="checkbox"/> Roadway (in the actual road) <input type="checkbox"/> Pot Hole(s) <input type="checkbox"/> Blockage <input type="checkbox"/> Deep Ruts <input type="checkbox"/> Drainage/Culvert Issue <input type="checkbox"/> Other |

Describe the road-related issue in detail. Use the back of the page if needed. Photos welcome.

OFFICE USE ONLY BELOW THIS LINE

| Office (Initial and Date) | Road Committee (RC) (Initial and Date) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Received By _____ <input type="checkbox"/> Investigated By _____ <input type="checkbox"/> Given to RC By _____ <input type="checkbox"/> Office/RC Aligned on Next Steps _____ | <input type="checkbox"/> Received By _____ <input type="checkbox"/> Investigated By _____ <input type="checkbox"/> Office/RC Aligned on Next Steps _____ |