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U.S. Department of Transportation

Federal Highway Administration

per Ad fedia per Ad per Ad	Male [25-34 35-44 45-54 55-64 65+	Race/Ethnicity White Hispanic/Latino Black or African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander Other	Photo Release Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
ledia	Male [☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+	Hispanic/Latino Black or African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander	photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take
Flier] Female [[[☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+	 White Hispanic/Latino Black or African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander Other 	Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
	Female [☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+	 White Hispanic/Latino Black or African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander Other 	Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
ledia] Male] Female [[25-34 35-44 45-54 55-64	 White Hispanic/Latino Black or African American American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander Other 	Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
		Male Male Female	Male	Media Male Female State Abstraction Female Male State Abstraction Black or African American American Indian/Alaska Native State Asian Native Hawaiian/Pacific Islander Other



NAME

PUBLIC HEARING COMMENT SHEET

Comments are due by September 17, 2018

CAROLINA CROSSROADS I-20/26/126 CORRIDOR IMPROVEMENT PROJECT RICHLAND AND LEXINGTON COUNTIES

Mr, Mrs, Ms, Mr & Mrs (Please choose one:) MAILING ADDRESS				
	Street/Route	City	State	Zip Code
PHONE NUMBER				

Mail Comments to:



Carolina Crossroads Corridor Improvement Project C/O South Carolina Department of Transportation Mega Projects Division, Room 122 PO Box 191

Columbia, SC 29202-0191

Or make verbal comments by phone: 1-800-601-8715 Or email to: info@CarolinaCrossroadsSCDOT.com



SCDOT PUBLIC HEARING FORMAL COMMENT SIGN UP SHEET

Thursday, August 23, 2018

Proposed Improvements to the I-20, I-26 & I-126 Corridor LEXINGTON & RICHLAND COUNTIES - Project ID P027662

RULES FOR MAKING FORMAL COMMENTS

- You MUST sign below to speak. Your name will be called from this formal Public Hearing Comment Sign up Sheet.
- You will be given 2 minutes in which to make your comments. This time may not be transferred. No profanity or personal attacks are allowed.
- You will receive a signal when you have 30 seconds remaining. You will receive a second signal when the 2 minutes has expired.
- Formal portion will be recorded, however verbal comments will not be responded to in writing. If you would like to receive a written response, you must submit a written comment.

PLEASE PRINT NAME AND ADDRESS

NAME (please print)	ADDRESS (please print)



Appendix B – Sign-In Sheets and Formal Comment Sign-Up Forms











NOTE: Information provided,	, including name and address,	will be published and is sub	ject to disclosure under the	Freedom of Information Act.

		Notification & Demographic Information (Optional)				
Contact Information		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
	Address BH Aucusta City/Zip W Columbia Phone 803-351-1531 Email archievard Damail. Com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name DAVIOL WEITHER FOR Organization (if applicable)	Address 425 LETON DE City/Zip 29210 Phone 1-8-03-665-1961 Email NONE	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name John B NEW MAND OF	Address 1439 MADLEG 14 City/Zip Ecla SC. 29210 Phone 863-319-2462 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name KEWWET,4 C NYE Organization (if applicable)	Address 1443 MANLEY DR. City/Zip COLA. SC 29210 Phone 803-551-2645 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provided	, including name and address, will be pul	blished and is subject to disclosure under the	Freedom c	of Information Act.	For Office Hee Only	# of #

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NOTE: Information provided	including name and add	ass will be published an	d is subject to disclosure	under the Freedom	of Information Act
NOTE. Information provided	. Incluaina fiame ana ada	ess, will be bublished an	a is subject to disclosure	under the Freedom	ui iiiiuiiiialiuii Aci.

		Notification & Demographic Information (Optional)				Photo Polosos	
Contact Information		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release	
Name FORGE MELVNAS Organization (if applicable)	Address / \$38 \$43 9 CRES (C) City/Zip ChApin, S.C. 29136 Phone (813) 345-715 7 Email N/A	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Name ANGELO MELONAS Organization (if applicable)	Address 1511 Shary LANE City/Zip Columbia, SC 29206 Phone 203/782-2502 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Organization (ii applicable)	Address 2/8 TRAM Rd City/Zip Co(umbin sc Phone 803-33/-2097 Email dswestbury @gmil. Com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Name David Briton Organization (if applicable)	Address City/Zip Co L UM B/A Phone 803 260-12/1 Email DB-17337002 2046L	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	

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Federal Highway Administration

		Notification & Demo				
Contact Ir	Contact Information		Gender	Age Range	Race/Ethnicity	Photo Release
Organization (if applicable) Kiewit Infrastructuse South Inc.,	Address 450 Divided Do City/Zip Peachtree City 30269 Phone 770-487-2300 Email Steven Little Kient Com	Letter Postcard Website				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Jim Ewart Organization (if applicable) U G	Address 1354 Rainfree Dr City/Zip Columbia, 5.C. Phone 863-960-9163 Email Jim. cwartonig. net	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
SCHA	Address 1000 Center Pointed City/Zip Columbia SC 29210 Phone 744 3504 Email Ogoulete schr.018	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name RON SHAW Organization (if applicable) LEE CONSTRUCTION COMPANY OF THE CAROLINGS. INC	Address POUNS PR. City/Zip PIECUITC Phone NC 28/34 704-583-5272 Email RPSHAWELECUROLING CON	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☑ Other				→ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. □ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.







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Federal Highway Administration

NOTE: Information provided	NOTE: Information provided, including name and address, will be published and is subject to disclosure under the Freedom of Information Act.					Federal Highway Administration	
		Notification & Demo					
Contact Information		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release	
Name Bert Joan Organization (if applicable) TMIC Hotels	Address Surray Court City/Zip Columbia SC Phone 803-772-2029 Email Dpooser@/micholelo	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Name MARK Bolding Organization (if applicable) WANDOWNER CJama Rd	Address 19 Holden Glen Ct City/Zip Chapin 29036 Phone 803-429-1023 Email bolding Collegeth not	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Namespunda MC Stuff Organization (if applicable) Pinewords Community Oblance	Address 4617 WadeSt City/Zip Cola. 5.C 2921 Phone 803-798-8206 Email bredamagnifle holida	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Pres, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Name Billy Badger Organization (if applicable) AMT	Address 225 Dead More St City/Zip Abingdon, VA 24210 Phone 540-419-4486 Email dbadger Qamtengineering com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Pres, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. □ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	

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		Notification & Demo				
Contact Ir	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Sect Cose Organization (if applicable) MIC	Address / Surrey CT City/Zip Core 1814 SC Phone 803.772-2629 Email Phosen3@michorus Core	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name ROKUZAN KROENKE Organization (if applicable) COLUMBIA ZEN BUDDHIST PRIORY	Address 426 AMOUNCE RA City/Zip COLUMBIA 29210 Phone 803-772-7552 Email CZBPQLOLUMBIAZEN,	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable) Whitehall HOA	Address / 77 51. AND-CWS RL. City/Zip Co Co M 6/A 292/0 Phone 803-960-6423 Email Fe 6ell 22 e y 3 har. con	☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
	Address / Z8 Buckhead Dr. City/Zip Dr. 50 2906 3 Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other		of Information Ast		Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.







U.S. Department of Transportation
Federal Highway Administration

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		Notification & Demo				
Contact Ir	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Adam Lane Organization (if applicable)	Address 343 ASA Rose LN. City/Zip Lexilytin 29072 Phone 704-733-8774 Email alanenc@yahon.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Arial Kins Organization (if applicable) Lews Reduced	Address PO BOY 1208 City/Zip Colo SC 2921 Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website No do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Janie & Jerry Store Organization (if applicable)	Address 521 Innsbrook Dr. City/Zip Columbia 29210 Phone (803) 772-2387 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Jim a Gda Raym Organization (if applicable)	Address 7/2 Shadow Brook Dr. City/Zip Columbia, 29210 Phone 772-8309 Email , craybon abel/South. net	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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		Notification & Demo				
Contact II	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Golden Hoyd Organization (if applicable)	Address 249 Tyborne Cir, City/Zip (b/umbia \$9216) Phone 803) 750 -1217 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Corlos Fernandet Organization (if applicable) Fernandet Agraman	Address 3495 Pjedmont Road City/Zip 30305 - Atlante Phone Email Communication City/Zip 30305 - Atlante City/Zip 30305 - A	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name De Hy TRIPP Organization (if applicable)	Address/30 Fredricks Design City/Zip Co (a, AC Phone 29210 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
	City/Zip Colum 61a, SC, 29210 Phone 803 772 5853 Email Jayes h 1770 Qymair (a)	Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provided	d, including name and address, will be pub	olished and is subject to disclosure under the	e Freedom (of Information Act.	For Office Use Only:	# of #



Sign-in Sheet Carolina Crossroads Public Hearing August 23, 2018





U.S. Department of Transportation Federal Highway Administration

		Notification & Demo				
Contact Information		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Carrie Moore Organization (if applicable)	Address 4253 Donavar Dr City/Zip CO1 5C 29210 Phone 803-726601 Email Canicle Process & Well	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name	Address 100 Fivor Daniel DR. City/Zip Grenville, SC 29607 Phone 864-281.8326 Email J.M. Reptereralling	Letter				Pres, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Kevin Pathen Organization (if applicable) Central Carolina Community Foundation	Address 27/1 Middleburg Dr. Ste 213 City/Zip Columbia 29204 Phone 803-978-7825 Email Kevi Na your foundation.org	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Matthew Starling Organization (if applicable) O.R. Colan Associates	Address 474 Hampshire Orive Suite B City/Zip Gaffary, SC 29340 Phone (330) - 741-0794 Email Mstarling @ ovcolan.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Department of Transportation



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		Notification & Dem				
Contact II	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Laura Drafk Organization (if applicable) Telaura Name	Address 3402 Fernandiaadd City/Zip (Vla CC 29210 Phone 873-772-3304 Email Felonservice of themage	TV Poster/Filer Letter Postcard Website				Yes, I hereby grant SCDOT and its consultants permission to take ohotographs/video of me and to use the photographs for the sole ourpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Joe MARTIN Organization (if applicable) O.R. (olan Associates	Address 236 NORHPARK DK. #200 City/Zip Ruck Itily sc Phone 704-944-1410 Email: Martin @ occoloricam	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Way Brufett Organization (if applicable)	Address 87 Holly Ridg LN, City/Zip W Cola Sc 29169 Phone 803-465-1509 Email/MARY Dexkett 340 hotmail.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Sofie Cholen M. Organization (if applicable)	Address 8 11 I Vanhoe Da City/Zip Chabit 25210 Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provide	d including pages and address will be put	 	o Freedom	of Information Act		h







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NOTE: Information pro	ovided, includin	g name and address,	will be pu	ıblished and is	subject to o	disclosure under th	e Freedom	of Information Act
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		Notification & Demo				
Contact li	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name DENCE PASON Organization (if applicable) Ferrone (3495 Preducint Rd Address Bruxonia GA City/Zip 30305 Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Galen WANAPAT Organization (if applicable) CITIZEN	Address 139 Stephanie de City/Zip LexingTon Phone (803) 832-7409 Email galenpmonagot Com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Myra H. Raines Organization (if applicable) 5.C. Farm Bureau	Address 203 Anowwood City/Zip Columbia, 8C Phone 772-4721 Email	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☑ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Hank Padget Organization (if applicable)	Address 322 Anowword Rd City/Zip Columbia, 5 c Phone (803) 772-9610 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other	e Freedom (of Information Act	For Office Use Only:	Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No. I do not grant SCDOT and its consultants permission to take photographs/video of me.







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		Notification & Demo				
Contact II	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name HORACE BROWN Organization (if applicable)	Address GOD Pineywoods Rd City/Zip Columbia 5C 29210 Phone 803 7315385 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name MARION B. M. Lee Organization (if applicable)	Address 203 Anawwood Rd. City/Zip Columbia, 50 29210 Phone 803 661-0283 Email marionbrac e add com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, To not grant SCDOT and its consultants permission to take photographs/video of me.
Name Reith Wicker Organization (if applicable)	Address 411 Caldis Creck City/Zip Irmo Phone Email Keithwicker 2 comcastine	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name ENN Brooks Organization (if applicable) Richland County	Address 2020 Hampton St City/Zip Cola 29704 Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provided	d, including name and address, will be pub	blished and is subject to disclosure under the	Freedom (of Information Act.	For Office Use Only:	# of #







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NOTE: Information provided, including name and address, will be published and is subject to disclosure under the Freedom of Information Act.

		Notification & Demo				
Contact Ir	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name MARKANGBEIN Organization (if applicable)	Address 23A LANCEWOODR City/Zip 6/4, SC 292/6 Phone 803 3/8-033C Email LANGBE/N596Ad	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Anglia Colombia New S	Address City/Zip Phone Columbia Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name FRANK HEIBAR Organization (if applicable) TCSE	Address / DZ Branksott City/Zip GLA, 29229 Phone Email	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Karen Stitely Organization (if applicable) Paces Brook Apto	Address 113 bcco Bnok Ave City/Zip Colon, SC 29212 Phone 843-343-2995 Email Kotitely @lms-real estate	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other blished and is subject to disclosure under the				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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		Notification & Demographic Information (Optional)				
Contact Information How were you notified about the public hearing? Gender		Age Range	Race/Ethnicity	Photo Release		
Name 6 L N W out	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Dane Work of Organization (if applicable)	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Flizabeth Starting Constitution (if applicable)	Address City/Zip Phone Email IZZI, SC@Gmail.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Crop Organization (if applicable)	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				ves, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provide		Other blished and is subject to disclosure under the	e Freedom (of Information Act.	For Office Use Only:	photographs/video of me.

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		Notification & Demo				
Contact Information		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name TWKER (REF) Organization (if applicable)	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Nathaniel Land Organization (if applicable)	Address 133 Pond Oat Lone City/Zip Columbia 29212 Phone Email nland@sc. rr.com	M Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name William Krakoff Organization (if applicable)	Address 33 Chantergray ct City/Zip Cols Sc Phone Email 1:25 Man 22 Q Gmpiles	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, Thereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Allarcas Sibility Organization (if applicable)	Address 977 Rocky FALLED City/Zip 1 RMO, SL Phone 603-730-4325 Email Hesi Neg Feam Camada	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.





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		Notification & Demo	ptional)			
Contact Information		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name JOMMY TURNER Organization (if applicable)	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name JOHN GREGORY	Address	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio				photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes
Organization (if applicable)	City/Zip Phone Email JEG-REGORY @NATAVANT.	TV Poster/Flier Letter Postcard				SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name James CLa Bordo Organization (if applicable)	Address 108 Wexwood Ct City/Zip Cola 29210 Phone 803 798 7181 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Adele Bonnette Organization (if applicable)	Address 263 Lancewood Rd City/Zip Columbia, 29210 Phone 803 798 5068 Email adelebonnette	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provided	notwest, com	blished and is subject to disclosure under th	e Freedom	of Information Act.	For Office Use Onl	y: # of #







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Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Frances Williams Organization (if applicable)	Address 1710 Holly HillDr. City/Zip West Columbia 29169 Phone 678-592-4158 Email	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take shotographs/video of me and to use the photographs for the sole ourpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Al Stevens Organization (if applicable)	Address 525 $Su(gnu=$ City/Zip $Co(ASC$ Phone $756(252$ Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
	Address 4475 TILL OL City/Zip CtAs 5c Phone 843 6070904 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Pres, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name RESTON Smith Organization (if applicable)	Address 1635 MORNINGHILL DR City/Zip Co Lumbia, SC 29210 Phone 803. 422. 2601 Email prestonesmith Egmail.com	Email Newspaper Ad Social Media Radio TV Poster/Flier				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provided	, including name and address, will be put	blished and is subject to disclosure under the	e Freedom	of Information Act.	For Office Use Only	: # 1 of #





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		Notification & Dem	Optional)	Photo Release		
Contact Information		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Piloto Release
Name Toski (rum Aw) Organization (if applicable)	Address (218 SHASY City/Zip BLUFF DR. Phone CLT, NC 28211 Email josh.gilmang Stante	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name PGHUEL POWELL Organization (if applicable) PICHUAND COUNTY	Address 2020 HRMPTON ST City/Zip Phone Email	- Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Samantna DeWee 5 Organization (if applicable)	Address 120 4 Lexington Ave City/Zip IV W10 SC 20063 Phone 8037060900 Email Samadewelsveg	TV Poster/Flier Letter Postcard				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Rhefa Dinovo Organization (if applicable) RES	Address 701 East Boy St. City/Zip Charleston, 50 Phone 843-619-4470 Email rdinavo@res.us	□ Email				 Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.







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Contact Information		Notification & Demo	Photo Pologo			
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name JERY WILLIAM Organization (if applicable)	Address 1710 HOLLY 11144 DN City/Zip WEST COLUMB 44 Phone 678 910 8890 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Brian Crooks Organization (if applicable) Rich land County	Address ZOZO Mampton St City/Zip Cola, Zazoy Phone Email	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Sarabaranore Organization (if applicable) RES	101 East Bay St. Address City/Zip Charleston, St. 29405 Phone 803-622-1888 Email Shazenore Ores. us	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website				Pres, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable) Prestytersam Communities of SC	Address 2917 Ashland Rd City/Zip Cole 19210 Phone 803-772-5885 Email Franklin fante Pres Common ors	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other	e Freedom	of Information Act.	For Office Use Only	Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
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Federal Highway Administration

		Notification & Demo	Photo Release			
Contact In	formation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	PHOLO Release
Name Eugere Brancham Organization (if applicable) Do T	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Millest, Wathaniel Organization (if applicable) Rie Hland County Gri,	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				 Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Susan Atkins Organization (if applicable) SCA Underground	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Stant TRACY. Basically Organization (if applicable)	Address 23/1 Blackmawk Terr City/Zip W. CSA. 29/69 Phone 803 622-1035 Email +barfrek/4400hshm://.	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.







U.S. Department of Transportation
Federal Highway Administration

Contact Information		Notification & Demo	Photo Release			
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Richard H. Mixson, JR. Organization (if applicable)	Address Box 637 City/Zip Allendale 5.C. Phone 803-584-2398 Email	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☑ Letter ☐ Postcard ☐ Website ☐ Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable) (RESAYTEM AN COMMUNITIES OF S.C.	Address City/Zip Slumbia, S.C. 29210 Phone 803-7725885 Email Adaylor@ Pleshonesc. 0eg	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Dow Ross Organization (if applicable) Palmelle Geel Parton	Address 7/8 Santee City/Zip Glymbra SC 27205 Phone 941 740 29// Email dross@earthbalance	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	Address 103 Queen Anno Ct- City/Zip Columbia 5C Phone 863-798-218 Email BR649519@ holmal. Com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other		of Information Act		Pres, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.







NOTE: Information provided	l. including name and address.	will be published and is	subject to disclosure under the	Freedom of Information Act
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Contact Information		Notification & Demographic Information (Optional)				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Barbar Doug Ricc Organization (if applicable)	Address 212 Tran Rd City/Zip Cole 292/0 Phone 803 4/3 2825 Email baberrice Gad.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name TERRY + CAthy Strickland Organization (if applicable)	Address //5 Spainghtwen City/Zip Columbia, SV DR Phone 864. 908. 1946 Email	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Stare Stall Organization (if applicable)	Address /832 Luster Lt City/Zip Ce/2 Phone 995-2030 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name 1303 LEE Organization (if applicable) GPI	Address 1364 W SHADY GROVE City/Zip JRMO, 29063 Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				☐ Yes, I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole purpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program website. ☐ No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
NOTE: Information provided	l including name and address will be nu	blished and is subject to disclosure under the	e Freedom	of Information Act.	5 000 11 0 1	# 73 - 5 #

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