





U.S. Department of Transportation
Federal Highway Administration

NOTE: Information provided	, including name and address, will be pub	olished and is subject to disclosure under the	e Freedom c	of Information Act.		receigning way Authorities
		Notification & Demographic Information (Optional)			Photo Release	
Contact In	formation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Piloto Release
Name Susan + Pete Fusco Organization (if applicable)	Address Selman St City/Zip Columbia 29210 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 Parnela Carlton Organization (if applicable)	Address 314 FORBILAND City/ZipW COLA Phone 29169 Email pamelacarltone guid	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 Jayson Jordan 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 Lindry Rich Organization (if applicable) CRRE	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.

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		Notification & Dem	ographic	Information (C)ptional)	Photo Poloco	
Contac	t Information	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release	
Name Ray Wo vis Organization (if applicable)	Address 525 LO YCSHIRE ZL City/Zip Co lunbis SC Phone Email Ray Mosers 8 Agmail. on	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 NedWallace 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 LEE HONEYCUTT Organization (if applicable) CDM SMITH	Address City/Zip Phone Email honeyoutt ML Q CDMSMITH. COM	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Press, 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 JEANENE VARNER Organization (if applicable)	Address City/Zip	Email Newspaper Ad Social Media Radio TV				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	
Ciganization (ii applicable)	Phone Email	Poster/Flier Letter Postcard Website Other				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)			Dh. 46 Balanca		
Contact Ir	nformation	How were you notified about the public hearing?	Gender Age Range Race/Ethnicity			Photo Release	
Name Richland County Organization (if applicable)	Address 2020 Hampton St. City/Zip Columbia, 29704 Phone 803-576-1340 Email brooks teres@@richlandening	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 naterials on the SCDOT AND ITS CONSULTANTS or program vebsite. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Name James E. Robers Organization (if applicable) WEWMAKK	Address IIII Laure (5t City/Zip dolumbon, 2920) Phone 803, 255-8421 Email Janes. Rugers Constant Kisterian	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 FLETCHER Organization (if applicable) KCI TECHNOLOGIES		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 183 TRAM RD City/Zip COLUMBIA S.C. 29210 Phone 803, 530, 3070 Email LBLACKWELLIGE, RC COM	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other	o Erandom	of Information Act	For Office Use Only	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	Dhata Balassa			
Contact In	formation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Letitia Lowe Organization (if applicable)	Address 108 Willow Winds Dr. City/Zip Calumbia 29210 Phone 803-800-6995 Email Tish base Charmail.com	Email Newspaper Ad Social Media Radio TV Poster/Flier Cetter 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. 1. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Schn M. Thompson Organization (if applicable) Richland County	Address City/Zip Phone Email Homps-jh-Qrichlulcury	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.
Organization (if applicable)	Address City/Zip Phone Email trace to Voehl 5043 P. VS	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 T. M. B. V. D. W. W. Organization (if applicable)	Address 700 Seven Daks La City/Zip Colambie, 5C Phone 803-712-1405 Email wtimbrown	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 & Demographic Information (Optional) **Photo Release Contact Information** How were you notified about the public Age Range Race/Ethnicity Gender hearing? Email Marthe Longoly- Aperedo Address 1706 Toloroe View Dr City/Zip West Calo 29169 Yes, I hereby grant SCDOT and its consultants permission to take □ Newspaper Ad
 ✓ photographs/video of me and to use the photographs for the sole Social Media 🛩 purpose of marketing, communication and advertising that promotes Radio SCDOT and its consultants and/or any of its operating companies or □TV Organization (if applicable) clients. This may include, but is not limited to, printed and published Poster/Flier
Letter materials on the SCDOT AND ITS CONSULTANTS or program Postcard No, I do not grant SCDOT and its consultants permission to take photographs/video of me. Email Other Email Yes, I hereby grant SCDOT and its consultants permission to take Fronh M. SAWGER Newspaper Ad photographs/video of me and to use the photographs for the sole Social Media Address 100 Willow Creek Dr purpose of marketing, communication and advertising that promotes Radio SCDOT and its consultants and/or any of its operating companies or TV Poster/Flier Organization (if applicable) clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program Phone \$03 - 4/22 - 73 4 6 Letter Postcard No, I do not grant SCDOT and its consultants permission to take ☐ Website ☐ Other Email Msawger 1956 @ gmail .com photographs/video of me. ☐ Email Yes, I hereby grant SCDOT and its consultants permission to take Newspaper Ad Address 1919 Fairhaven photographs/video of me and to use the photographs for the sole Social Media John Reeves purpose of marketing, communication and advertising that promotes Radio
TV
Poster/Flier City/Zip Cola, SC 29210 SCDOT and its consultants and/or any of its operating companies or clients. This may include, but is not limited to, printed and published Organization (if applicable) materials on the SCDOT AND ITS CONSULTANTS or program Letter Postcard No. I do not grant SCDOT and its consultants permission to take ☐ Website photographs/video of me. Email Other Email
Newspaper Ad Name Yes. I hereby grant SCDOT and its consultants permission to take photographs/video of me and to use the photographs for the sole Social Media Address purpose of marketing, communication and advertising that promotes Radio TV Poster/Flier SCDOT and its consultants and/or any of its operating companies or Organization (if applicable) City/Zip clients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program

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Phone

Email

Letter

☐ Postcard

Website Other

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photographs/video of me.

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		Notification & Demographic Information (Optional)				
Contact Ir	iformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name PAVL SEIPELS N Organization (if applicable)	709 PINESPRINES RUNES RU	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 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 vebsite. No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Jennifer War lick Organization (if applicable)	Address City/Zip	☐ 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
	Phone Email jennifer. warlick® Focus EyEcase.net	Letter Postcard Website				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 LAWTENCE GAVIS	Address	Email Newspaper Ad Social Media Radio				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
Organization (if applicable)	Phone Email Lagrances (a) Aol, Com	Poster/Flier Letter Postcard Website Other				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 CHARLIC KILPATRICK	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) LANE CONSTRUCTION CORP	City/Zip Phone 804 840 2713 Email CAKILPATRICK®	TV Poster/Flier Letter Postcard Website				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	LANE CONSTRUCT, COU	blished and is subject to disclosure under th	e Freedom	of Information Act.	For Office Use Only	: #of #

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		Notification & Demographic Information (Optional)			Photo Pologo	
Contact Ir	formation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Organization (if applicable)	Address 1832 Lyster La City/Zip Columb 1752 Phone 3637727334 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 hotographs/video of me and to use the photographs for the sole urpose of marketing, communication and advertising that promotes CDOT and its consultants and/or any of its operating companies or lients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program rebsite. ☐ No, I do not grant SCDOT and its consultants permission to take hotographs/video of me.
Name Cwash T. Howwel Organization (if applicable)	Address 2305 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 hotographs/video of me and to use the photographs for the sole urpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or lients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program vebsite. ☐ No, I do not grant SCDOT and its consultants permission to take shotographs/video of me.
Name Can Logan Organization (if applicable) MICHIANA COUNTY	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.
	Address 1800 LUSTER LN. City/Zip Columbia, S.C. Phone 803-731-1218 Email priesklabellsouth. Net	☐ Email ☐ Newspaper Ad ☐ Social Media ☑ Radio ☑ TV ☑ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other Dished and is subject to disclosure under the	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 & Demographic Information (Optional)					
Contact Ir	nformation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release	
Name Advisona McIndo Organization (if applicable)	Address to Terrace VW City/Zip W. Cola SC Phone & 240-676-116 Email cateyes 64@ gmails	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 CIAPIC GREGORY Organization (if applicable)	Address City/Zip Col UNCID 3 5 - 29212 Phone Email	Email Newspaper Ad Social Media Radio IV Poster/Flier Letter Postcard Website Other				PYes, 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 July Julians Organization (if applicable) Resident	Address 1245+RAHON CH City/Zip Columbia SC Phone 803-400-2482 Email Hochnygibbons,	✓ 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 3940 Sunset Blod City/Zip W. Columbia, S.C Phone 863 194 - 7477 Email The Foxy Kg@ Add. and	☐ 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 In	formation	How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Thomas E. Comer St Organization (if applicable)	Address 318 Pitts downe 720 City/Zip Cola. 5.6 29210 Phone 803 798 6824 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 Lennah Sigler Organization (if applicable)	Address 1732 McSwain City/Zip W. Cala SL-2A189 Phone 5-13 1732 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 Blondell Gallman Organization (if applicable)	Address 1025 N. Wingard City/Zip Irmo, S.C. 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 What abouts Organization (if applicable)	Address City/Zip Phone Email	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other	- Francisco	of Information Act		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 Information		How were you notified about the public hearing?		Age Range	Race/Ethnicity	Photo Release
Name Ken Cuche III Organization (if applicable)	Address City/Zip alread 1 on Phone Your Lists 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 JANET COHER Organization (if applicable) God Lear Dutch 59. Blvd.	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 CLEM WATSON Organization (if applicable)	Address City/Zip CownBIA/29212 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 FRANK FSALLIE XLIMASKI Organization (if applicable)	Address FOR LARTON AR City/Zip COLA 29210 Phone 772 7608 Email FOKLIMASKI @ KANDO. Con	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other Description of the content of the conte		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.

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Contact Information		Notification & Dem				
		How were you notified about the public hearing?		Age Range	Race/Ethnicity	Photo Release
Name Susan Buck Organization (if applicable)	Address Reach Roll City/Zip Columbia SC Phone 803 920-542 9 Email Sbuck 9@bellsonthnet	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 DEREK STATON Organization (if applicable) CAROWA TEA	Address 4770 BELL NEMDE City/Zip Belinont, Ne 28017 Phone Email Lock. Staton @ CAROLINA	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 Many K Teagre Organization (if applicable)	Address 2824 Woodland 17:115 E City/Zip Columbia SC 29216 Phone (303) 798-32 87 Email m Kteague 10gma. 1	□ Email □ Newspaper Ad □ Social Media □ Radio □ TV □ Poster/Flier □ Letter □ Postcard □ Website □ Other Sign on Youlds				☐ 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 Patrick M. Teagre Organization (if applicable)	Address 2824 Woodland Hills E. City/Zip 29210 Phone 803 -798-3289 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		Other blished and is subject to disclosure under the	e Freedom (of Information Act.	For Office Use Only:	42

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	Notification & Domographic Information (C

Contact Information		Notification & Dem	Dhata Dalacca			
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Shirley D. Sawers Organization (if applicable)	Address 1011 Statler Pd City/Zip Columbia Phone 803-772-4155 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 (lif Le Blanc Organization (if applicable)	Address 448 Vinstaire Dr. City/Zip Columbia, 5C Phone (803) 772-0708 Email leblanc de Coydoo.	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 LIZ McDONALD Organization (if applicable)	Address 160 WHITE OAK LN City/Zip LEXINGTON 29073 Phone 791-0298 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.
	Phone CEXTOGRAGE 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.
NOTE: Information provided	including name and address, will be pu	blished and is subject to disclosure under th	e ⊢reedom (ot information Act.	For Office Use Only:	# 34 of#

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NOTE: Information provided	blished and is subject to disclosure under the	Federal Highway Administration				
Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name David Jones Organization (if applicable)	Address 124 Tyborne ar City/Zip Columbia 29210 Phone 803-331-4392 Email davidjones @cbcarolin	Postcard				PYes, 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 Keroy Johnson Organization (if applicable)	Address 3726 Harrogate Rd City/Zip Columbia, Sc 29216 Phone 903 767-7777 Email 1701911551 @Add. Co.m	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.
Name Pour Cour Organization (if applicable) Fruor	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 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.







U.S. Department of Transportation
Federal Highway Administration

Contact Information		Notification & Dem				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name John Horsee Organization (if applicable)	Address 2701 Holt Dr City/Zip Columbia 29205 Phone 863 917.2421 Email Sicsylec1915@SC.TT.Co.	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 The Applicable Organization (if applicable)	Address 1021 Briangate Circle City/Zip Columbia, SC 29210 Phone 803-609-8500 Email fim, anthey@ice-eng.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 Ronnie CatoR Organization (if applicable) OLH Inc. Com	Address 13/4 Lincoln St. City/Zip Columbiz 29201 Phone 865 \$50 3273 Email restore OLHine Com	□ Poster/Flier □ Posterd □ Posterd □ Card □				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 Andrew Smith Organization (if applicable) RS & H	Address Eal Treasury Bend City/Zip Charleston 29412 Phone 603 448 - 4150 Email Andrew-Smith Groundhicon	□ Email □ Newspaper Ad □ Social Media □ Radio □ TV □ Poster/Flier □ Letter □ Postcard ☑ Website □ Other		S los montinos Ant		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				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name The Vinson Organization (if applicable)	Address 606 dd Friais Read City/Zip Cola 29210 Phone Email Timvinsonegman Com	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.
Name Anita Murphy Organization (if applicable)	Address 507 Shadow brook Dr City/Zip Cola 29210 Phone Email akmurphy@bellsouth	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 Curtis Murphy Organization (if applicable)	Address 5075h adowbrack Dr City/Zip CoLumbia 29210 Phone Email CURTISM 40@HoTMALL.	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 Plania Shackelford Keith Cartu Organization (if applicable)	Address & 1617 Wilder FCt City/Zip Cola, SC >92(2) Phone Email 9 10 R. As Lacked Ford a Scattle house. god	□ Email □ Newspaper Ad □ Social Media □ Radio □ IV □ Poster/Flier □ Letter □ Postcard □ Website □ Other Dished and is subject to disclosure under the	- 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 & Demographic Information (Optional
Contact Information	

Contact Information			Photo Release			
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	T Hoto Release
Name CMY 105 MUYYAV KYIII MMYYAV Organization (if applicable)	Address 118 FOXGIUVE CIYCLE City/Zip/YMU, SC29063 Phone 803732 3426 Email CAYLOS MARYON GOELLSCUTH. 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.
Name Thom ns CovAL Organization (if applicable)	252 TUBOR RB Address City/Zip CoLung FA, 5C Phone 803-798-5432 Email TCOV D ATT. NE t	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Tother				☐ 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 T. R. FOSTBR Organization (if applicable)	Address 401 OLD FRIANS ROAD City/Zip COLLUMBIA Phone 803-446-(504 Email 16-(05 ter 15040) gma; 1, 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.
	Address 1700 MORNING MILL DR City/Zip COLA 29210 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.
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		Notification & Demo				
Contact Ir	nformation	How were you notified about the public hearing?		er Age Range	Race/Ethnicity	Photo Release
Name Ruven Gumbrell 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 Victor Bort	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 Barbara Towers Organization (if applicable)	Address City/Zip Phone Email Larbara. Towers @gmail.Cor	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 Mollic Fortino Organization (if applicable) Michael Baker International, Inc.	Address 700 Huger St. City/Zip Columbia, SC 29201 Phone 805 - 231-4058 Email Mafortino@ mbakerintl. E.	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website ☐ Other				Pves, 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 published and is subject to	disclosure under the Freedom of Information Act.

Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name MARTHA McALHANEY Organization (if applicable)	Address 369 HICKORY HILL DR. City/Zip COLA, SC 29210 Phone 803-943-6439 Email M& MCalhaney@carthlink.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.
Name David Boaty 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 BRAD DEATON Organization (if applicable) TRINNERA CONSTRUNT PLC	Address City/Zip Phone (336) 669-5184 Email Brade Telemental C	☐ Email ☐ Newspaper Ad ☐ Social Media ☐ Radio ☐ TV ☐ Poster/Flier ☐ Letter ☐ Postcard ☐ Website Control 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 And Ditremble Organization (if applicable) Michael Bakur Intl.	1 - A D T-4 114			of Information Act		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 published ar	d is subject to disclosure	e under the Freedom (of information Act.
7 - 1977 N 1978			Notification	& Demographic	Information /

Contact Information		Notification & Demo				
		How were you notified about the public hearing? Gender Age Range Race/Ethnicity				Photo Release
Name Organization (if applicable)	Address 518 Ton Ld City/Zip Cola 29210 Phone 8035730373 Email Cyolley Pergran. 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, Brian Symons Organization (if applicable) Foth IE	Address 200 Riverbirds R2. City/Zip Lexington, SC 29072 Phone 913-940-0081 Email brian. Symons & forth. 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 Strickland Organization (if applicable)	Address 17 CMP Lovicout City/Zip 1 rm 0,5c Phone 20063 Email 864-569-9301	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 Lawy Tucker Organization (if applicable)	Address 1425 Kennewykld. City/Zip Frue, 5 629063 Phone 803-960-0455 Email langtake-950.00000000000000000000000000000000000	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other		of Information Act		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 pu	blished and is subject to disclosure under the	e Freedom (or intormation Act.	For Office Use Only: Entered into DB on	# <u>¶</u> of # by







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Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender Age Range		Race/Ethnicity	Photo Release
Name John Bronson Organization (if applicable) SHME	Address 1176 Hommins bird Dy City/Zip Vest Columbis SC Phone 803-682-1838 Email SBrisson@ Smeine, com	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 HAYNES Organization (if applicable)	Address 1722 Nueseer Hill Re City/Zip Columbra, SC 29212 Phone 803-467-7463 Email rhaynes 8@sc.vr.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 RODNEY & LINDA A3EE Organization (if applicable)	Address 1007 BAKELSFIEW RD City/Zip COLUMBA 29210 Phone 798.2339 Email Mackey Not 1007 @gnail.or	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 LEILA WYIKOS Organization (if applicable)	Address 401 BROOKSHIRE DR City/Zip COLUMBIA Se 29200 Phone 803 451-1990 Email leila MMY/1850 9 moul	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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U.S. Department of Transportation
Federal Highway Administration

NOTE: Information provide	ed, including name and address, will be pu	ublished and is subject to disclosure under the	Federal Highway Administration			
Contact Information		Notification & Dem				
		How were you notified about the public hearing?	Gender	er Age Range	Race/Ethnicity	Photo Release
Name Onding Organization (if applicable)	Address 17.1 Banbury Rd City/Zip 29210 Phone 803 727 0759 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.
Marcher Roses Organization (if applicable)	Address 42 Beocon hillrd City/Zip 29210 Phone 803 223 84 74. 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 Sebastian. Naranjo Organization (if applicable) Taqueria Jahs a	Address 612 5+ Andrew City/Zip 29210 Phone 803 731 55 46 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 published and is subject to disclosure under the Freedom of Information Act.

Address

City/Zip

Phone

Organization (if applicable)

Email
Newspaper Ad

Social Media

Poster/Flier
Letter
Postcard
Website
Other

Radio

□ TV

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photographs/video of me.

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

No, I do not grant SCDOT and its consultants permission to take







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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 See Ge Cur P Organization (if applicable)	Address 720 Vintage (n. City/Zip Columbia SC Phone 803-429-2597 Perail gbpark@aff.net	Email Newspaper Ad Social Media Radio TV Pester/Flier Letter Pestcard 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.	
Bill Harmon Organization (if applicable)	Address 213 Linsbury Circle City/Zip Columbia 29210 Phone (803) 727-0177 Email billnsuchesc.ee.com	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.	
Name Shirley Browdon Organization (if applicable)	Address 306 S. Stoneheolge City/Zip Columbia, 5. CFRIC Phone (803) 772-5541 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 306 S. Stoneledge City/Zip Cola., S.C. 2920 Phone (803) 772 - 554 Email including name and address, will be put	☐ Website ☐ Other	hings to diaglogues under the	Frondom	f 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.	

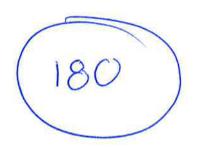
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Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender Age Range		Race/Ethnicity	Photo Release
Name GARY LINN Organization (if applicable) SCOOT OBE	Address City/Zip Phone 803 312 4118 Email	Email Newspaper 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 Linda + John Steele Linda + John Steele Organization (if applicable) AVON Beauty Center	Address 617 St. Andrews Rd. City/Zip Cola, SC 29210 Phone 803-422-5555 Email SANDS ENTUCA Sc. Pr. 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.
Name Linda + Sohn Steek Organization (if applicable) Residence	Address 619 Shadowbruk Dr. City/Zip Cola, SC 29210 Phone 803-422-5555 Email SANDSENT asc. rr. com					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 JERRI MCGEHEE Organization (if applicable) RESIDENT		☐ 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.

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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	NOTE: Information provided, ir	ncluding name and address,	will be published and is subject to	o disclosure under the Freed	om of Information Act
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Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Carelet Danny Organization (if applicable)	Address 175 Hulon Green City/Zip West Cola SC Phone 29073 Email	Email Newspaper Ad Social Media Radio TV Poster/Flier tetter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take hotographs/video of me and to use the photographs for the sole urpose of marketing, communication and advertising that promotes CDOT and its consultants and/or any of its operating companies or lients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program vebsite. No, I do not grant SCDOT and its consultants permission to take hotographs/video of me.
Name Alatasha Lvingstin Organization (if applicable) Scott	Address 2210 Cardava ld City/Zip Grange Mirg, St 29115 Phone (8/13/596-6765 Email Livings tops; 6 sedot.org	Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Pres, I hereby grant SCDOT and its consultants permission to take hotographs/video of me and to use the photographs for the sole surpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or lients. This may include, but is not limited to, printed and published naterials on the SCDOT AND ITS CONSULTANTS or program vebsite. No, I do not grant SCDOT and its consultants permission to take shotographs/video of me.
Name William + Nancy Reto Organization (if applicable)		Email Newspaper Ad Social Media Radio TV Poster/Flier Letter Postcard Website Other				Yes, I hereby grant SCDOT and its consultants permission to take hotographs/video of me and to use the photographs for the sole surpose of marketing, communication and advertising that promotes SCDOT and its consultants and/or any of its operating companies or dients. This may include, but is not limited to, printed and published materials on the SCDOT AND ITS CONSULTANTS or program vebsite. No, I do not grant SCDOT and its consultants permission to take shotographs/video of me.
Name Eboney Moove Organization (if applicable)	Address 420 Gale Dr City/Zip Columbia Sc 29210 Phone 9315887254 Email Nowocyme@hotwarlican	Letter Postcard	e Freedom o	of Information Act		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 naterials on the SCDOT AND ITS CONSULTANTS or program vebsite. No, I do not grant SCDOT and its consultants permission to take shotographs/video of me.

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NOTE: Information provided, ir	including name and address, will be	published and is subject to d	disclosure under the Freedon	of Information Act.
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Contact Information		Notification & Demo				
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	Photo Release
Name Gay Winten Organization (if applicable)	Address #2 Millpine C+ City/Zip Columbia 29212 Phone 803-121-2096 Email ADA; LAIGLO M50. 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 Nora Brazell Organization (if applicable)	Address 1836 Fairhaven Dr. City/Zip Columbia 29210 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 CONECANO Organization (if applicable)	Address William B(A, SC 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 Kenneth Johnson Organization (if applicable) AECOM	Address 101 Research Drive City/Zip Columbia Sc 29203 Phone 803-400-0002 Email + Kenneth Johnson Baccom	Letter Postcard	Erondom	of Information Act	Fan Office Hee 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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