



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



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

Contact Information		Notification & Demographic Information (Optional)				Photo Release		
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity			
Name <u>Susan + Pete Fusco</u>	Address <u>Selmon St</u>	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>			<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.		
Organization (if applicable)	City/Zip <u>Columbia 29210</u>							<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
	Phone							
	Email							
Name <u>Pamela Carlton</u>	Address <u>314 FORESTLAND CT</u>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>			<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.		
Organization (if applicable)	City/Zip <u>W COLA</u>							
	Phone <u>29169</u>							
	Email <u>pamelacarlton@gmail.com</u>							
Name <u>Jayson Jordan</u>	Address	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>			<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.		
Organization (if applicable)	City/Zip							
	Phone							
	Email							
Name <u>Lindsey Rieh</u>	Address	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>			<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.		
Organization (if applicable)	City/Zip							
	Phone							
	Email							

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		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name Ray Morris Organization (if applicable)	Address 525 LOCKSHIRE RD City/Zip Columbia SC Phone Email RAY.MORRIS8@gmail.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Ned Wallace Organization (if applicable)	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 honeycuttML @ CDM.SMITH.COM	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input checked="" type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name JEANE VARNER Organization (if applicable)	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name Richland County Organization (if applicable)	Address 2020 Hampton St. City/Zip Columbia, 29204 Phone 803-576-1340 Email brooks.teres@richlandcounty.sc.gov	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name James E. Rogers Organization (if applicable) NEWARK	Address 1111 Laurel St City/Zip Columbia, 29201 Phone 803-255-8421 Email James.Rogers@newark.kibler.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name DAVID FLETCHER Organization (if applicable) KCI TECHNOLOGIES	Address 77 SHOALS WAY CT City/Zip NORTH AUGUSTA SC Phone Email david.fletcher@kci.com	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name LESTER BLACKWELL Organization (if applicable)	Address 183 TRAM RD City/Zip COLUMBIA S.C. 29210 Phone 803.530.3070 Email LBLACKWELL11@SC.RR.COM	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release	
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity		
Name <i>Lefitia Lowe</i>	Address <i>108 Willow Woods Dr.</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>	<div></div>	<div></div>	<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Organization (if applicable)	City/Zip <i>Columbia 29210</i>						
Phone <i>803-800-6995</i>	Email <i>Tish_lowe@hotmail.com</i>						
Name <i>John M. Thompson</i>	Address	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>	<div></div>	<div></div>	<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Organization (if applicable)	City/Zip						
<i>Richland County</i>	Phone						
	Email <i>thompsonjohn@richlandcountydesign.com</i>						
Name <i>Traci Koehler</i>	Address	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>	<div></div>	<div></div>	<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Organization (if applicable)	City/Zip						
<i>Wal-Mart</i>	Phone						
	Email <i>traci.koehl.504379.us@wal-mart.com</i>						
Name <i>Tim Brown</i>	Address <i>700 Seven Oaks Ln</i>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>	<div></div>	<div></div>	<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Organization (if applicable)	City/Zip <i>Columbia, SC</i>						
Phone <i>803-772-1405</i>	Email <i>wtimbrown</i>						

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name Martha Gonzales-Apellido	Address 1706 Tangerine View Dr	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip West Columbia 29169					
Phone 803 774 5218						
Email						
Name Frank M. Sawyer	Address 100 Willow Creek Dr	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input checked="" type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip Irmo, 29063					
Phone 803-422-7346						
Email msawyer1956@gmail.com						
Name John Reeves	Address 1819 Fairhaven	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip Columbia, SC 29210					
Phone 803-772-7965						
Email						
Name	Address	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip					
Phone						
Email						

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name PAUL SEIDELMAN Organization (if applicable)	709 PINE SPRINGS Rd. Address COLUMBIA 29210 City/Zip Phone 803-391-6825 Phone Email PSTIRMAN422@YAHOO.COM	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Jennifer Warlick Organization (if applicable)	Address City/Zip Phone Email jennifer.warlick@focus Eyecare.net	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Lawrence Garvis Organization (if applicable)	Address City/Zip Phone Email Lpgarris@aol.com	<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name CHARLIE KILPATRICK Organization (if applicable) LANE CONSTRUCTION CORP	Address City/Zip Phone 804 840 2713 Phone Email CAKILPATRICK@LANECONSTRUCT.COM	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input checked="" type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>MAUREE STILL</i> Organization (if applicable)	Address <i>1832 Luster Ln</i> City/Zip <i>Columbia SC</i> Phone <i>803 772 7334</i> Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Charles T. Hammel</i> Organization (if applicable)	Address <i>2305 Baran Rekalb Rd</i> City/Zip <i>Columbia SC 29020</i> Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Eden Logan</i> Organization (if applicable) <i>Richland County</i>	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>WALTER + DANIEL PRIESTER</i> Organization (if applicable)	Address <i>1800 LUSTER LN.</i> City/Zip <i>COLUMBIA, S.C</i> Phone <i>803 -731 -1218</i> Email <i>priestkk@bellsouth.net</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input checked="" type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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



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

Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name Adriana McIndoe	Address 1706 Terrace VW W. Columbia, SC	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input checked="" type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip W. Columbia, SC					
Phone 824-676-1168						
Email catelys64@gmail.com						
Name CLARK GREGORY	Address	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip Columbia, SC 29212					
Phone						
Email						
Name Denny Gibbons	Address 124 STRATTON CT	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable) Resident	City/Zip Columbia SC					
Phone 803-400-2482						
Email dennygibbons@bellsouth.net						
Name Phillip Morris Carolyn Alexander-Morris	Address 3940 Sunset Blvd	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable) Resident	City/Zip W. Columbia, SC					
Phone 863 794-7477						
Email TheFoxyK9@AOL.com						

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Contact Information		Notification & Demographic Information (Optional)				Photo Release		
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity			
Name <i>Thomas E. Comer Jr</i>	Address <i>318 Pittsdowne Rd</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.		
Organization (if applicable)	City/Zip <i>Cola. S.C. 29210</i>							<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Phone <i>803 798 6821</i>								
Email								
Name <i>Kenneth Sigler</i>	Address <i>1732 McSwain</i>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.		
Organization (if applicable)	City/Zip <i>W. Cola SC 29110</i>							
Phone <i>513 1732</i>								
Email								
Name <i>Blondell Gallman</i>	Address <i>1025 N. Wingard</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.		
Organization (if applicable)	City/Zip <i>Irmo, SC</i>							
Phone								
Email								
Name <i>Max Edwards</i>	Address	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.		
Organization (if applicable)	City/Zip							
Phone								
Email								

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>Ken Corbett</i> Organization (if applicable)	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>JANET COTLER</i> Organization (if applicable) <i>Good Year Dutch Sq. Blvd.</i>	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>CLEM WATSON</i> Organization (if applicable)	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>FRANK &amp; SALLIE KLIMASKI</i> Organization (if applicable)	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input checked="" type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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



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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>Susan Buck</i> Organization (if applicable)	Address <i>124 Limehouse Reach Rd</i> City/Zip <i>Columbia SC 29210</i> Phone <i>803 920-5429</i> Email <i>sbuck9@bellsouth.net</i>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>DEREK STATION</i> Organization (if applicable) <i>CAROLINA TEA</i>	Address <i>4270 BLUE MERDE</i> City/Zip <i>BELMONT, NC 28012</i> Phone  Email <i>derek.station@CAROLINA TEA.com</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Mary K Teague</i> Organization (if applicable)	Address <i>2824 Woodland Hills E</i> City/Zip <i>Columbia SC 29216</i> Phone <i>(803) 798-3289</i> Email <i>mkteague1@gmail.com</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input checked="" type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other <i>sign on roads</i>				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Patrick M. Teague</i> Organization (if applicable)	Address <i>2824 Woodland Hills E.</i> City/Zip <i>29210</i> Phone <i>803-798-3289</i> Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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August 23, 2018



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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>Shirley D. Sanders</i>	Address <i>1011 Statler Rd</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input checked="" type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>			<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip <i>Columbia 29210</i>					<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Phone <i>803-772-4155</i>	Email					
Name <i>Clif LeBlanc</i>	Address <i>448 Winstaire Dr.</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input checked="" type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>			<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip <i>Columbia, SC</i>					
Phone <i>(803) 772-0708</i>	Email <i>leblanc.clif@hydro.com</i>					
Name <i>LIZ McDONALD</i>	Address <i>160 WHITE OAK LN</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input checked="" type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>			<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip <i>LEXINGTON 29073</i>					
Phone <i>791-0298</i>	Email					
Name <i>ARA Chase Jr</i>	Address <i>211 MURRAY VISTA</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other	<div></div>			<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip <i>CIRCLE LEXINGTON</i>					
Phone <i>29072</i>	Email					

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Sign-in Sheet  
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August 23, 2018



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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <u>David Jones</u>  Organization (if applicable)	Address <u>124 Tyborne Cir</u> City/Zip <u>Columbia 29210</u> Phone <u>803-331-4392</u> Email <u>davidjones@cbcarolinas.com</u>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input checked="" type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other			<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.	
Name <u>LeRoy Johnson</u>  Organization (if applicable)	Address <u>3726 Harrogate Rd</u> City/Zip <u>Columbia, SC 29210</u> Phone <u>803 767-7777</u> Email <u>170h911551@aol.com</u>	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				
Name <u>PAUL COOK</u> Organization (if applicable) <u>FWOR</u>	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <u>Bob Frost</u> Organization (if applicable)	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Carolina Crossroads Public Hearing  
August 23, 2018



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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>John Hardee</i>	Address <i>2701 Holt Dr</i> City/Zip <i>Columbia 29205</i> Phone <i>803 917 2421</i> Email <i>sicsytec1975@sc.rr.com</i>	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Tom Antley</i>	Address <i>1021 Briargate Circle</i> City/Zip <i>Columbia, SC 29210</i> Phone <i>803-609-8500</i> Email <i>tim.antley@ice-eng.com</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Ronnie Catoe</i>	Address <i>1314 Lincoln St.</i> City/Zip <i>Columbia SC 29201</i> Phone <i>803 850 3273</i> Email <i>rcatoe@OLHinc.com</i>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input checked="" type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Andrew Smith</i>	Address <i>891 Treasury Bend</i> City/Zip <i>Charleston 29412</i> Phone <i>803 448-4150</i> Email <i>Andrew.smith@rsandh.com</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input checked="" type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>Tim Vinson</i>	Address <i>606 Old Fris Road</i>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip <i>Cola 29210</i>					
Phone						
Email <i>Timvinson@gmail.com</i>						
Name <i>Anita Murphy</i>	Address <i>507 Shadowbrook Dr</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input checked="" type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip <i>Cola 29210</i>					
Phone						
Email <i>akmurphy@bell.net</i>						
Name <i>Curtis Murphy</i>	Address <i>507 Shadowbrook Dr</i>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip <i>Columbia 29210</i>					
Phone						
Email <i>CURTIS M 40@HOTMAIL.COM</i>						
Name <i>Gloria Shackelford</i> <i>Keith Carter</i>	Address <i>11617 Wildflower Ct</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip <i>Cola, SC 29212</i>					
Phone						
Email <i>gloria.shackelford@scstatehouse.gov</i>						

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name Carlos Murray Kelli Murray Organization (if applicable)	Address 118 Foxglove Circle City/Zip Irmu, SC 29063 Phone 803-732-3426 Email carlosmurray@bellsouth.net	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input checked="" type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name THOMAS COVAL Organization (if applicable)	Address 252 Tudor Rd City/Zip COLUMBIA, SC Phone 803-798-5432 Email TCOV@ATT.NET	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name J. R. FOSTER Organization (if applicable)	Address 401 Old Friends Road City/Zip COLUMBIA Phone 803-446-1504 Email jrfoster1504@gmail.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name R. Tolson Organization (if applicable)	Address 1700 Morningview Dr City/Zip COLA 29210 Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name Raven Gambrell Organization (if applicable)	Address City/Zip Phone Email	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Victor Burt Organization (if applicable)	Address City/Zip Phone Email	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Barbara Towers Organization (if applicable)	Address 231 Lancelot Rd Columbia, SC City/Zip 29210 Phone Email barbara.towers@gmail.com	<input type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Mollie Fortino Organization (if applicable) Michael Baker International, Inc.	Address 700 Huger St. Columbia, SC City/Zip 29201 Phone 803-231-4058 Email mafortino@mbakerintl.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input checked="" type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name MARTHA McALHANEY Organization (if applicable)	Address 369 HICKORY HILL DR. City/Zip COLA, SC 29210 Phone 803-943-6439 Email m.mcalhane@earthlink.net	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name David Beaty Organization (if applicable)	Address City/Zip Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name BRAD DENTON Organization (if applicable) TRIUMPH CONSULTING LLC	Address City/Zip Phone (336) 669-5184 Email BRAD@TRIUMPHALLC.COM	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Anne DuTremble Organization (if applicable) Michael Baker Intl.	Address 700 Hugert St. City/Zip Phone Anne DuTremble Email @mbakerintl.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other - billboard				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>Carl S. Allen</i> Organization (if applicable)	Address <i>518 Tram Rd</i> City/Zip <i>Cola 29210</i> Phone <i>8035730373</i> Email <i>cjallenj@gmail.com</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Brian Symons</i> Organization (if applicable) <i>Foth IE</i>	Address <i>208 Riverbirds Rd.</i> City/Zip <i>Lexington, SC 29022</i> Phone <i>913-440-0081</i> Email <i>brian.symons@foth.com</i>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Danielle &amp; Philip Strickland</i> Organization (if applicable)	Address <i>17 Cape Lookout Ct.</i> City/Zip <i>Irmo, SC 29063</i> Phone <i>864-569-9301</i> Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Larry Tucker</i> Organization (if applicable)	Address <i>1425 Kennedy Rd.</i> City/Zip <i>Irmo, SC 29063</i> Phone <i>803-960-0455</i> Email <i>larrytucker@sc.rr.com</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name John Brunson  Organization (if applicable) S&ME	Address 1176 Hummingbird Dr City/Zip West Columbia SC Phone 803-682-1838 Email JBrunson@smcme.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name ROBERT HAYNES  Organization (if applicable)	Address 1722 NURSERY HILL RD City/Zip COLUMBIA, SC 29212 Phone 803-467-7463 Email rhaynes8@sc.rr.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name RODNEY & LINDA ABEE  Organization (if applicable)	Address 1007 BAKERSFIELD RD City/Zip COLUMBIA 29210 Phone 798.2339 Email hockeynut1007@gmail.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name LEILA NYIKOS  Organization (if applicable)	Address 401 BROOKSHIRE DR City/Zip COLUMBIA SC 29210 Phone 803 451-1990 Email leilannyikos@gmail.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name Ordina Miranda Organization (if applicable)	Address 171 Banbury Rd City/Zip 29210 Phone 803 727 0759 Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Marina Rosas Organization (if applicable)	Address 42 Beacon hillrd City/Zip 29210 Phone 803 223 8974 Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Sebastian Naranjo Organization (if applicable) Taqueria Jalisco Restaurant	Address 612 St Andrew City/Zip 29210 Phone 803 731 5546 Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Tim Grimes Organization (if applicable)	Address City/Zip Phone Email tegrimes@twc.com	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>George Park</i> Organization (if applicable)	Address <i>720 Vintage Ln.</i> City/Zip <i>Columbia, SC</i> Phone <i>803-429-2920</i> Email <i>gbpark@att.net</i>	<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input checked="" type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Bill Hannon</i> Organization (if applicable)	Address <i>213 Linsburg Circle</i> City/Zip <i>Columbia 29210</i> Phone <i>(803) 727-0177</i> Email <i>billnsuch@sc.rr.com</i>	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input checked="" type="checkbox"/> Radio <input checked="" type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Shirley Brandon</i> Organization (if applicable)	Address <i>306 S. Stonehedge</i> City/Zip <i>Columbia, S.C. 29210</i> Phone <i>(803) 772-5541</i> Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Don Brandon</i> Organization (if applicable)	Address <i>306 S. Stonehedge</i> City/Zip <i>Columbia, S.C. 29210</i> Phone <i>(803) 772-5541</i> Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name GARY LINN Organization (if applicable) SCDOT DBE	Address City/Zip Phone 803 312 4118 Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name 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 ENT LLC@sc.rr.com	<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Linda + John Steele Organization (if applicable) Residence	Address 619 Shadowbrook Dr. City/Zip Cola, SC 29210 Phone 803-422-5555 Email SANDSENT@sc.rr.com	<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name JERRI McGEHEE Organization (if applicable) RESIDENT	Address 324 SHAREDITCH RD City/Zip 29210 Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name <i>Carole &amp; Danny Shealy</i> Organization (if applicable)	Address <i>175 Hulan Green #6</i> City/Zip <i>West Columbia SC</i> Phone <i>29073</i> Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Natasha Livingston</i> Organization (if applicable) <i>SCDOT</i>	Address <i>2210 Cordova Rd</i> City/Zip <i>Orangeburg, SC 29115</i> Phone <i>(803) 596-6765</i> Email <i>Livingstonj@scdot.org</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>William &amp; Nancy Rebo</i> Organization (if applicable)	Address <i>1533 Nunemaker Dr.</i> City/Zip <i>Columbia, SC 29210</i> Phone <i>803 772 7848</i> Email <i>williamrebo@bellsooth.net</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name <i>Eboney Moore</i> Organization (if applicable)	Address <i>420 Gale Dr</i> City/Zip <i>Columbia SC 29210</i> Phone <i>9315887254</i> Email <i>nowlucyme@hotmail.com</i>	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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Contact Information		Notification & Demographic Information (Optional)				Photo Release
		How were you notified about the public hearing?	Gender	Age Range	Race/Ethnicity	
Name Gay WINTER	Address 42 Millpine Ct City/Zip Columbia 29212 Phone 803-781-8096 Email ADAM.LATGL@MSO.COM	<input checked="" type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name NORA BRAZELL	Address 1836 Fairhaven Dr. City/Zip Columbia 29210 Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name TOM COPELAND	Address 1701 QUAIL LAKE DR City/Zip W. COLUMBIA, SC 29169 Phone Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Kenneth Johnson	Address 101 Research Drive City/Zip Columbia SC 29203 Phone 803-400-0002 Email t.Kenneth.Johnson@aecom.com	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Letter <input type="checkbox"/> Postcard <input type="checkbox"/> Website <input type="checkbox"/> Other				<input checked="" type="checkbox"/> 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. <input type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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