



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 <i>Julia Swygert</i> Organization (if applicable)	Address <i>249 Tram Rd</i> City/Zip <i>Columbia SC 29210</i> Phone <i>803-719-2011</i> Email <i>julia.co.swygert@gmail.com</i>	<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 type="checkbox"/> Postcard <input type="checkbox"/> Website <input checked="" type="checkbox"/> Other <i>Neighbors</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.
Name <i>John Swygert</i> Organization (if applicable)	Address <i>249 Tram Rd</i> City/Zip <i>Columbia SC 29210</i> Phone <i>803-381-5900</i> Email <i>john.swygert59@gmail.com</i>	<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 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>Judy Mills</i> Organization (if applicable)	Address <i>112 Myton Ct</i> City/Zip <i>Columbia 29212</i> Phone <i>803-772-0803</i> Email <i>judybmills47@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 checked="" 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>Sue Biles</i> Organization (if applicable)	Address <i>243 Tram Rd</i> City/Zip <i>Columbia SC 29210</i> Phone <i>803 731-0070</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 <i>Whitehall HOA</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.

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

For Office Use Only: # 48 of # _____
Entered into DB on _____ by _____



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 Millie Livingston Organization (if applicable) daily Commuter from Newberry	Address 1033 Wallace Dr City/Zip Newberry SC 29108 Phone Email millie@williams- Bee.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 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 JERRY SUDDETH Organization (if applicable) RESIDENT OF WHITEHALL	Address 272 MIDDLESEX RD City/Zip COLUMBIA SC 29210 Phone 803-772-3126 Email jsuddeth@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 type="checkbox"/> Other HOME OWNERS ASSOC				<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 Joel Griggs Organization (if applicable)	Address 125 Foley Ln City/Zip Lexington SC 29071 Phone 864-363-1064 Email joelusc90@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 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 Marge Smith PO BOX 5174 CURMUDGEON KITH MAIL CO Organization (if applicable)	Address 1811 Morninghill Dr City/Zip Columbia SC 29210 Phone 803 798-6754 Email margsmith@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 checked="" 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.

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

For Office Use Only: # 49 of #
Entered into DB on by



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>BRYAN JORDAN</u>	Address <u>554 BROOKSIDE</u> City/Zip <u>COLUMBIA SC</u> Phone <u>803-977-9435</u> Email <u>TONKZ/CAROLINA.CORP.COM</u>	<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 <u>Margaret Moore</u>	Address <u>295 Westham Rd</u> City/Zip <u>Colga, SC</u> Phone <u>803/750-9473</u> Email <u>MLMOORE1210@att.net</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 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>G. WILLIAM THOMASON</u>	Address <u>111 COUNTRYSIDE DR</u> City/Zip <u>GREENWOOD, SC</u> Phone <u>(864) 223-9366</u> Email <u>gwilliamthomason1942@gmail.com</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				<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>ZACK HANEY</u>	Address <u>289 FOXPORT DR</u> City/Zip <u>CHAPIN, SC 29626</u> Phone Email	<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 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.

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

For Office Use Only: # 50 of # _____
Entered into DB on _____ by _____



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 <i>Carol Cault</i> Organization (if applicable)	Address <i>1715 Mesquite Drive</i> City/Zip <i>W. Columbia 29169</i> Phone <i>803-331-1163</i> Email <i>carolcault@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>Richard Nelson</i> Organization (if applicable)	Address <i>60 Sanderson Ct</i> City/Zip <i>Sumter</i> Phone <i>803-795-2200</i> Email <i>RichardNelson@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 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>Ronald & Jean Kendall</i> Organization (if applicable)	Address <i>1831 Fairhaven Dr.</i> City/Zip <i>Columbia SC 29210</i> Phone <i>798-9712</i> Email <i>rkendall11@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.
Name <i>Mrs Betty Leflon</i> <i>134 Chertwell Rd</i> <i>Columbia SC</i> <i>PA # 8035527575</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 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.

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

For Office Use Only: # 51 of # _____
Entered into DB on _____ by _____



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 Della S. Mintz	Address 71 Eastpine Court	<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 Columbia SC 29212							
Phone								
Email								
Name Dwight & Jennifer Burdick	Address 111 Saluda View 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 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. Cola SC 29169							
Phone	803-796-6821							
Email	R2Burdick@gmail.com							
Name Potay Collingwood	Address 767 Lardendale Dr.	<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 Cola, S.C. 29210							
Phone	803-798-2373							
Email	pcollingwood@sc.rr.com							
Name Curtis Ruppe	Address 746 Saxony Dr	<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 Inmo, SC 29063							
Phone	(843) 926-1992							
Email	curtis.ruppe@weknowitonline.com							

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

For Office Use Only: # 52 of #
Entered into DB on by



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>Deborah Heizer</u>	Address <u>101 Loch Rd</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 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 <u>Columbia, SC 29210</u>							
Phone <u>803-781-6916</u>								
Email <u>heizerdd@belkouth.net</u>								
Name <u>JAE MATTOX</u>	Address <u>2217 Quail Hollow 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 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 <u>W.C. 29161</u>							
Phone								
Email								
Name <u>KATE DRAETS</u>	Address <u>1655 BEECHCREEK RD</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 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 <u>LEX. 29072</u>							
Phone								
Email								
Name <u>Andrew N. Washyft</u>	Address <u>1600 Williams St</u>	<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 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 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, SC 29201</u>							
Phone <u>803-414-8882</u>								
Email <u>aw8544@att.com</u>								

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

For Office Use Only: # 53 of # _____
Entered into DB on _____ by _____



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 STUART DRUMHELLER	Address 141 TRAM RD City/Zip COLUMBIA, SC 29210 Phone 803-528-3200 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 checked="" type="checkbox"/> Other WHITE HALL HOA				<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 Phil Leazak	Address 3014 Southcross Blvd City/Zip Rock Hill, SC 29132 Phone 803-627-7418 Email phil.leazak@kei.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 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 John Walsh	Address 1359 700 Hugor STREET City/Zip COLUMBIA 29201 Phone 803-254-2211 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 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 Fred Parkinson	Address suite 350 277 Bendix Rd City/Zip Virginia Beach, VA 23452 Phone (571) 466-9650 Email fred.parkinson@wsp.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.

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

For Office Use Only: # 54 of #
Entered into DB on by



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



220

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 NANCY DUNNAM Organization (if applicable)	Address 1815 Morninghill Dr City/Zip Columbia, SC Phone 803 772-6216 Email booklover777@aol.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 checked="" 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 Wade Luther 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.
Name Tyke Redman Organization (if applicable) SCDOT	Address SCDOT 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.
Name Daniel Bridges Organization (if applicable) WSP	Address 1001 Morehead Sq. Dr. City/Zip Charlotte, NC 28203 Phone 704-342-5401 Email daniel.bridges@wsp.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.

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

For Office Use Only: # 57 of #
Entered into DB on by



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 Rachel Michaud Organization (if applicable) SC Energy Office	Address City/Zip 29205 Phone Email rmichaud@regstaff.sc.gov	<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 Kirk Adams Organization (if applicable)	Address 308 Kings Creek Rd City/Zip Irmo SC 29063 Phone Email rkirkadams@gmail.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.
Name MITCH DRAPER Organization (if applicable) CPV	Address 1370 BROWNING RD #130 City/Zip COLUMBIA 29210 Phone 771 0566 Email mdraper@schibotf.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 KIMBERLY Toney Organization (if applicable)	Address City/Zip 29801 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 checked="" 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.

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

For Office Use Only: # 56 of #
Entered into DB on _____ by _____



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 GREG MINTON Organization (if applicable) ENIGMA CORPORATION	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 Georges Tippens 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.
Name David Gourley Organization (if applicable) WSP	Address 1004 Morehead Sq Dr Suite 610 City/Zip Charlotte, NC 28203 Phone (704) 342-5410 Email david.gourley@wsp.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 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 Mark Smyers Organization (if applicable) ICRC	Address 5605 Bush River Rd City/Zip Columbia 29212 Phone 803-213-2006 Email msmyers@icrc.net	<input checked="" 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.

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

For Office Use Only: # 57 of #
Entered into DB on by



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 Jay Price Organization (if applicable) Conti Enterprises, Inc.	Address 2045 Lincoln Highway City/Zip Edison, NJ 08817 Phone 908-307-1525 Email jprice@contienterprises.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 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 LARRY Montgomery Organization (if applicable)	Address 210 Langer St City/Zip Cala. SC Phone 803-318-3340 Email Langer210@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 checked="" type="checkbox"/> Other Sign on Inten. State.				<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 DICKSON O'BRIEN Organization (if applicable)	Address 1196 LIBERTY AVE City/Zip CHAPEL, SC 29036 Phone 803-345-2019 Email DOBRIENPE@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 Mel Love Organization (if applicable) Thompson Services	Address 10 Blue Bird Trl. City/Zip Irmo, SC 29063 Phone 803-732-7368 Email mlcid86@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 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.

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

For Office Use Only: # 58 of #
Entered into DB on by



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



236

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 Betsy Comer Organization (if applicable)	Address 318 Pittsbuone City/Zip Columbia SC Phone Email betsycomer@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 checked="" 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 Chad Bobrowski Organization (if applicable) RS&H	Address 4000 Fiber City/Zip North Charleston, SC 29405 Phone Email CHAD.BOBROWSKI@RSANDH.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 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 O'Brien Organization (if applicable)	Address 143 Tyborne Circle City/Zip Columbia SC Phone 803-260-7643 Email BradMOBrien@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 checked="" 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 Kimberly Toney Organization (if applicable) Richland County	Address 2020 HALIPTON STREET STE 304 City/Zip COLUMBIA SC 29204 Phone (803) 240-6498 Email toney.kimberly@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 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.

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

For Office Use Only: # 59 of #
Entered into DB on by



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 LARRY THOMPSON Organization (if applicable)	Address 187 Regency Dr Columbia, S.C. City/Zip 29212 Phone 803-414-7819 Email tagman0851@yahoo	<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 STEPHEN C. BURN Organization (if applicable)	Address 954 Koon Rd City/Zip IRMO, 29063 Phone 803-513-9123 Email staveburn@yahoo.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 ANN STONE Organization (if applicable)	Address 1705 FAIRHAVEN DR City/Zip COLUMBIA, S.C. 29210 Phone 803.521.5869 Email CAROLINAMELODY51@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.
Name GRAHAM ROSE Organization (if applicable)	Address 258 MARABON CIR City/Zip W. COLA 29169 Phone 863 331-0826 Email GRAHAM_ROSE@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 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.

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

For Office Use Only: # 60 of #
Entered into DB on by



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 Satish Patel	Address 830 Bush River Rd	<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 type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip 29210 Phone 803-401-5704 Email Patelsn143@gmail.com					
Name Chris Watson	Address 126 King George Way	<input checked="" 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 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 803 798 3070 Email cjwatson@y cjwatsonsc@yahoo.com					
Name Jim Ponth	Address	<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 Phone CECS Email PonthJ@CECSinc.com					
Name GARRETT MANDEVILLE	Address 165 King Geo Way	<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 type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Organization (if applicable)	City/Zip CO-AL 29210 Phone 803/772-1602 Email gmandy@bell5002@not					

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

For Office Use Only: # 64 of #
Entered into DB on by



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 Laura Lander Organization (if applicable)	Address 242 Tram Rd. City/Zip Columbia 29210 Phone 803-238-0075 Email thelanderlily@yahoo.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 CURT ALPHONSO Organization (if applicable)	Address 317 AUBURN RD. City/Zip COLUMBIA 29212 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 checked="" type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Pamela Hiebert Organization (if applicable)	Address 1111 Statler Rd. City/Zip Columbia, SC 29210 Phone 803-750-1455 Email phiebert54@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 type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Mikki Darr Organization (if applicable) CECS	Address 2000 Park St., Ste. 201 City/Zip Columbia, SC 29201 Phone 803-760-9407 Email roberts@cecsinc.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.

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

For Office Use Only: # 61 of #
Entered into DB on by



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 <i>Jason Boyer</i>	Address <i>2508 Bradford Grove Pl</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 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>Raleigh, NC 27606</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>814-558-1221</i>								
Email <i>jasonpsu07@yahoo.com</i>								
Name <i>V. Nayskin</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				<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							
Phone								
Email								
Name <i>Pamela Ferst</i>	Address <i>10 Beacon Hill 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 checked="" 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>Columbia 29210</i>							
Phone <i>803-429-3203</i>								
Email <i>pje1st2@gmail.com</i>								
Name <i>Bruce Aoverman</i>	Address <i>116 Rustic Ct</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.		
Organization (if applicable)	City/Zip <i>Columbia SC 29210</i>							
Phone <i>803-272-6062</i>								
Email <i>BRUCEJ@9mail.com</i>								

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

For Office Use Only: # 62 of # _____
Entered into DB on _____ by _____



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 <i>[Signature]</i> Organization (if applicable)	Address <i>209 Amenity Rd</i> <i>Chapin, SC</i> City/Zip <i>29036</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 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>[Signature]</i> Organization (if applicable)	Address <i>1132 Springwell Pl</i> <i>29910</i> City/Zip Phone <i>(803) 773-7330</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>Tony Chapman</i> Organization (if applicable) <i>AECOM</i>	Address <i>152 Back Acres Rd</i> City/Zip <i>Chapin</i> Phone <i>803-201-3689</i> Email <i>chapman113@yahoo.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>Susanne Brown</i> Organization (if applicable)	Address <i>278 Tram Rd</i> City/Zip <i>Columbia</i> Phone <i>803-798-8823</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.

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

For Office Use Only: # 63 of # _____
Entered into DB on _____ by _____



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



256

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 Steve Martin Organization (if applicable) AT&T	Address 1600 Williams St City/Zip Cola 29001 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 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 Mike Hill Organization (if applicable) SCHBSIF	Address 1370 Browning Rd City/Zip Columbia Phone Email mhill@schbsif.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 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 Dianne Barnes Organization (if applicable)	Address 486 Town Center Pl #309 City/Zip Columbia SC Phone Email dbarne0591@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.
Name JoAnne M. Wilson Organization (if applicable)	Address 1617 Morninghill Dr City/Zip Columbia, SC 29210 Phone 803-772-9313 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.

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

For Office Use Only: # 64 of #
Entered into DB on by



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 SUSIE BENDER Organization (if applicable) ICE	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 DONALD THOMAS Organization (if applicable)	Address 108 CHINQUAPIN CIR City/Zip COLUMBIA, SC 29212 Phone Email dethomas@hotmail.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 ROLAND BART Organization (if applicable) CMCOG/COATE	Address 236 STONERIDGE City/Zip Columbia S. 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 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 Ariel Weyandt Organization (if applicable)	Address 124 Golden Pond Dr City/Zip Lexington, 29073 Phone 843-252-5693 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 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.

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

For Office Use Only: # 65 of #
Entered into DB on by



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 Paul Desori Organization (if applicable) Bush River Store LLC crazy gas station	Address 830 Bush River Rd City/Zip 29210 Phone 803 1477 1755 Email pallavar@aol.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 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 Merbet Glibby Cleminger Organization (if applicable)	Address 1824 FAIRHAVEN DR City/Zip COLUMBIA, S.C. Phone 803-772-8405 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 Tara Greenwood Organization (if applicable) CITY OF West Columbia	Address 200 N. 12th St City/Zip West COIA 29109 Phone 9398428 Email tgreenwood@westcolumbia.sc.gov	<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 Juanita Yancy Organization (if applicable)	Address 106 Linchouse Regd Rd. City/Zip Celan 29210 Phone 803-772 9618 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 type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.

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

For Office Use Only: # 66 of #
Entered into DB on by



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 Suki Patel Organization (if applicable) Schlotzsky	Address 529 Bush Road City/Zip Columbia SC 29210 Phone 803 361 3340 Email Suki.spar@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 Wilson, Lee Organization (if applicable)	Address 157 Silvermill City/Zip Columbia, SC 29210 Phone Email LRWilson@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 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 Bill & Sarah Cloaninger Organization (if applicable)	Address 133 Fredricksburg Way City/Zip Cola. 29210 Phone (803) 767-8731 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 JOHN W. UNDERWOOD Organization (if applicable) AMT ENGINEERING	Address 10735 David Taylor Drive City/Zip Charlotte NC 28262 Phone 704-791-2093 Email junderwood@amtengineering.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 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.

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

For Office Use Only: # 67 of #
Entered into DB on by



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 John Scarborough Organization (if applicable) The Village 1704 Bush River Rd	Address 1776 Willingham Dr City/Zip Columbia SC 29206 Phone 803-318-2884 Email JASCARBOROUGH47@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 type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name STEPHEN K. SULT JANICE C. SULT Organization (if applicable) QUAIL HOLLOW S/D	Address 222 HOLLY RIDGE LANE City/Zip W. COLA, SC 29169 Phone (803) 791-9692 Email CRESULT@SC.RR.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 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 MIKESH J BATHI Organization (if applicable) SUNOCO FOOD MART	Address 1203 DUSH RIVER RD City/Zip COLUMBIA SC 29211 Phone 803 998 1571 Email MIKESH D BATHI@yahoo.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 & Sandy Peelle Organization (if applicable)	Address 10 Willow Oaks Lane City/Zip West CoLA. SC 29169 Phone (803) 960-5696 (803) 960-3414 Email shpeelle@icloud.com	<input checked="" 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				<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.

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

For Office Use Only: # 68 of #
Entered into DB on by



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 Gail Ramsey Organization (if applicable)	Address 101 Tram Ct. City/Zip Columbia 29210 Phone 803-466-2702 Email gail-ramsey@att.net	<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 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 M. THAD BRUNSON Organization (if applicable)	Address 138 Hubert Simpson Rd City/Zip Little Mt. SC 29075 Phone 803-920-3507 Email BRUNSONMT@COMSMT.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 RANDY BELLMAN Organization (if applicable)	Address 190 BERRY TREE LANE City/Zip COLUMBIA, SC 29223 Phone 850-541-3079 Email rbellman@gmail.com rbellman@gmail.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 LEON E. FITTS MONETARIA FITTS Organization (if applicable)	Address 567 BROADSHIRE City/Zip CUMBERLAND SC 29210 Phone 803-798-5980 Email MOEMARCEX.RR.COM	<input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input checked="" type="checkbox"/> Radio <input type="checkbox"/> TV <input checked="" type="checkbox"/> Poster/Flier <input checked="" type="checkbox"/> Letter <input checked="" type="checkbox"/> Postcard <input checked="" 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.

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

For Office Use Only: # 69 of #
Entered into DB on by



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 Robert L. Dickinson	Address 109 Palace Green Court City/Zip Columbia 29210 Phone Email 5mdickins@yahoo.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 Elsie Todd	Address 1808 Haviland Circle City/Zip Columbia 29210 Phone 803-772-2995 Email elsie_todd@yahoo.com	<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 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 Eric & Faye Pantzari	Address 333 Townes Rd City/Zip Columbia, 29210 Phone 772-1354 Email epantzari@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 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 Chase C. Heiber	Address 1025 Pepe St. City/Zip Columbia, SC 29204 Phone 724-972-2057 Email cheiber@newsobserver.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 - The State				<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.

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

For Office Use Only: # 70 of #
Entered into DB on by



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 Phyllis Pendarvis Organization (if applicable)	Address 406 Sulgrave Dr City/Zip Columbia 29210 Phone 466-8831 Email ppendarvis@gmail.com	<input type="checkbox"/> Email <input checked="" 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.
Name ZONNIE Pendarvis Organization (if applicable)	Address 406 Sulgrave Dr. City/Zip Columbia 29210 Phone 466-8832 Email zpendarvis@scrr.com	<input 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 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 Citygas SINGH, M. G Organization (if applicable) Citygas & Food	Address 1301 Bush River Rd City/Zip Columbia SC Phone 803 673-6446 Email citygas@scrr.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 Bill Flowers Organization (if applicable) CEL	Address 3740 A FERNANDINA RD City/Zip COLUMBIA SC 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.

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

For Office Use Only: # 71 of #
Entered into DB on by



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 Charles Eleazer Organization (if applicable)	Address City/Zip Phone 803-315-2494 Email Charles.Eleazer@neel-schaeffer.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 Michael Belon Organization (if applicable)	Address 1217 Camden City/Zip Camden 29202 Phone 803-381-8660 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 Mary L. Johnson Organization (if applicable)	Address 1621 Luster Lane City/Zip Columbia, S.C. 29210 Phone 803-731-9705 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 RICK WILSON Organization (if applicable)	Address 1428 MOHAWK DR City/Zip W. CO LA. 29169 Phone 803-796-8298 Email Scoutleader330@gmail.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.

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

For Office Use Only: # 72 of #
Entered into DB on by



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>Andy Patel</u> Organization (if applicable) <u>Randal Columbia Inc</u> <u>Baymont Inn & Suite</u>	Address <u>347 Zimac Road</u> City/Zip <u>Columbia SC 29210</u> Phone <u>336-404-2914</u> Email <u>devashv@vichon.com</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 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 <u>Larry Hardy</u> Organization (if applicable) <u>Hardy Enterprises</u>	Address <u>1522 Morninghill Dr</u> City/Zip <u>Columbia SC 29210</u> Phone <u>803-514-2066</u> Email <u>hardylarryd@yahoo.com</u>	<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 <u>Mary Graham</u> Organization (if applicable)	Address <u>133 Nottingham Rd</u> City/Zip <u>Columbia SC 29210</u> Phone <u>803-460-4320</u> Email <u>grahammmary518@gmail.com</u>	<input checked="" 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 <u>Andy Cook</u> Organization (if applicable) <u>Stencor</u>	Address <u>224 Dove Nest Court</u> City/Zip <u>West Columbia, 29170</u> Phone <u>803-730-0935</u> Email <u>CookAndy@yahoo.com</u>	<input checked="" 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.

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

For Office Use Only: # 73 of # _____
Entered into DB on _____ by _____



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



301

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 <i>Harry Breland</i>	Address <i>400 Timber Ridge 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				<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>West Columbia, SC 29169</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.
Phone <i>803-796-4535</i>								
Email								
Name <i>RICK WERTS</i>	Address <i>6004 Moss Springs</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.		
Organization (if applicable)	City/Zip <i>COLA 29209</i>							
Phone								
Email								
Name <i>Chris Broderick</i>	Address <i>951 Harbor 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 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 <i>W. Cola, SC 2920</i>							
Phone <i>803 518 3388</i>								
Email	<i>Chris. Broderick@New South Supply.com</i>							
Name <i>Richard Buck</i>	Address <i>134 Lancewood 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 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>29210 Columbia</i>							
Phone <i>731-3174</i>								
Email <i>[Signature]</i>								

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

For Office Use Only: # 74 of # _____
Entered into DB on _____ by _____



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



U.S. Department of Transportation
Federal Highway Administration

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 MICHAEL CRISSE	Address 108 Gold Rd. City/Zip Lexington, SC Phone 29072 Email mcisss@sc-nr.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 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 Carol Peister	Address 154 King George City/Zip Columbia SC 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 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 Lance Biker Jr	Address 243 Tann Rd City/Zip Columbia SC 29220 Phone 803 731 0070 Email	<input type="checkbox"/> Email <input type="checkbox"/> Newspaper Ad <input checked="" type="checkbox"/> Social Media <input 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 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 Richard H Jesse Christine Jesse	Address 18 Beacon Hill R City/Zip Columbia SC 29210 Phone 803-731 3739 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.

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

For Office Use Only: # 75 of #
Entered into DB on by



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>Fred Barnes</u>	Address <u>2000 Park St Sd 201</u> City/Zip <u>Columbia 29201</u> Phone <u>803-779-0311</u> Email <u>barnesf@cceinc.com</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 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 projects. 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>JAMES C. MATTHEWS</u>	Address <u>201 SPARTAN DR</u> City/Zip <u>COLUMBIA, SC 29212</u> Phone <u>803-834-3589</u> Email <u>JMATTHEWS@SCALCON</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 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 projects. 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>David R. Lewis</u>	Address <u>2709 Two Notch Rd. #6</u> City/Zip <u>Columbia, SC 29204</u> Phone <u>803 238 8301</u> Email <u>solutionfindersllc@gmail.com</u>	<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 projects. 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>Joyce Mason</u>	Address <u>PO Box 11224</u> City/Zip <u>Columbia, SC 29211</u> Phone <u>803 318 2386</u> Email <u>mash2014@outlook.com</u>	<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 projects. 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.

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

For Office Use Only: # 0076 of # _____
Entered into DB on _____ by _____



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



U.S. Department of Transportation
Federal Highway Administration

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 Jessica McCartha	Address 1724 Luster Lane	<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) USD	City/Zip Columbia, SC							
	Phone 803-338-0714							
	Email							
Name MARY ELAM	Address 360 Tram Rd	<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 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							
	Phone 29210							
	Email (803) 413-2522 drmaryelam@gmail.com							
Name Becky Wactor	Address 1719 Holly Hill Dr	<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 W. Columbia, SC							
	Phone							
	Email jwactor@sc.rr.com							
Name Cindy Kempitz	Address 2600 Quail Hollow Ln.	<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 W. Waco							
	Phone							
	Email							

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

For Office Use Only: # 0077 of #
Entered into DB on by



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 STEVEN F. MARGIN	Address 2000 ARK ST, SUITE 200 City/Zip COLUMBIA 29201 Phone 320-647-8632 Email MARGINS@CECSINC.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 ANGY HAGINS	Address 1136 BAKERSFIELD RD City/Zip Columbia 29210 Phone 803-772-0709 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.
Name CHARLOTTE E FORDHAM	Address 945 BAKERSFIELD RD City/Zip COLA, SC 29210 Phone 803 772-6967 Email CHARLOTTE.FORDHAM@yahoo.com	<input checked="" 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 checked="" 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 Davis Cameron Lueva Cameron	Address 703 Seven Oaks Ln. City/Zip ColA, SC 29216 Phone 803 798-3067 Email luevacam@aol	<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.

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

For Office Use Only: # 0078 of #
Entered into DB on by



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 <i>Albert Koon</i> Organization (if applicable) <i>Town of Chapin</i>	Address <i>6th Ave</i> City/Zip <i>Chapin, SC</i> Phone <i>803-315-4633</i> Email <i>AKoon@ChapinSC.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>GINA BENNETT</i> Organization (if applicable) <i>OLH 2ND.</i>	Address <i>BLYTHE WOOD</i> City/Zip <i>29016</i> Phone Email <i>GBENNETT@DLHINK.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>Nick Rad</i> Organization (if applicable) <i>SCDOT</i>	Address City/Zip Phone <i>737-4661</i> Email <i>Radn@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 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>Jim Tetter</i> Organization (if applicable) <i>JJ+M</i>	Address <i>1345 Garner Ln</i> City/Zip <i>STE 201A</i> <i>Cola, 29210</i> Phone <i>803-730-7091</i> Email <i>Jim.tetter@ATT.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.

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

For Office Use Only: # 00979 of #
Entered into DB on by



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 CHAD WADFORD	17 GIDDING CT Address IRMO 29063 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 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 Maxine Russell	435 Arrowwood Road Address City/Zip Columbia S.C. 29210 Phone (803) 613-4434 Email maxinerussell43@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 type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name KEN BURGER	4219 SANDWOOD DR Address City/Zip COLUMBIA SC 29206 Phone 803-600-4229 Email panchovate@outlook.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 Pat Crosby	447 Leton Dr. Address City/Zip Celina 29210 Phone 803 8351-1422 Email Crosbyfmc@gmail.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 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.

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

For Office Use Only: # 2080 of #
Entered into DB on by



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 <i>Richard Best</i> Organization (if applicable)	Address <i>139 Newmont Dr.</i> City/Zip <i>Lexington, 29072</i> Phone Email <i>DADDYOBEST@yahoo.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 checked="" 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>Ben Whitson</i> Organization (if applicable) <i>Gator @ Quail Hollow</i>	Address <i>147 Holly Ridge Ln</i> City/Zip <i>W. Coler 29149</i> Phone Email <i>benwhitson@quailhollow.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 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>Willis Fittay</i> Organization (if applicable)	Address <i>249 Hankover RD</i> City/Zip <i>Col. 29210</i> Phone <i>803-381-3920</i> Email <i>WTF54@yahoo.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>Marina Dineen</i> Organization (if applicable)	Address <i>705 Vintage Ln</i> City/Zip <i>Col. 29210</i> Phone <i>798-9718</i> Email	<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 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.

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

For Office Use Only: # 0181 of # _____
Entered into DB on _____ by _____



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>Sara Still</u>	Address <u>1832 Luster Lane</u> City/Zip <u>Col 2</u> Phone <u>772-6219</u> Email <u>805-490-6947</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 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>Summer Still</u>	Address <u>1827 Morning Hill Dr</u> City/Zip <u>29210</u> Phone <u>805-490-6947</u> Email <u>Gravegier1@aol.com</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 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>Mary Creech</u>	Address <u>224 Tram Rd</u> City/Zip <u>Colo 29210</u> Phone <u>803-4294632</u> Email <u>ccreech@SCRA.com</u>	<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 <u>H. Oliver Napier</u>	Address <u>1809 North Hargrave Rd</u> City/Zip <u>Columbia SC</u> Phone <u>772-6091</u> 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.

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

For Office Use Only: # 282 of # _____
Entered into DB on _____ by _____



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 Frank White	Address 1820 Fair Haven Dr City/Zip Columbia 29210 Phone 803-772-8318 Email FW533@aol.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 type="checkbox"/> No, I do not grant SCDOT and its consultants permission to take photographs/video of me.
Name Darryl & Shari Tolen	Address 790 Shadow Brook Dr City/Zip Columbia, SC 29210 Phone 803-731-0601 Email shatolen@aol.com shatolen@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 checked="" 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 Cheryl Wolfe	Address 2012 Johnson Farm Rd City/Zip Chapin SC 29036 Phone 803-407-5252 Email wolfept4use@sc.rr.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 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 JERRY Jacobson	Address 456 Willow Branch Ct City/Zip Chapin SC 29036 Phone 803-261-7438	<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.

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

For Office Use Only: # 83 of #
Entered into DB on by



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 Liz Krejci	Address 421 Bush River Rd City/Zip Columbia 29210 Phone 803-466-4737 Email liz@winbrookmanagement.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	[REDACTED]	[REDACTED]	[REDACTED]	<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 Holland Leger	Address 14 Wildhorse Ct. City/Zip Irmo SC 29063 Phone 803-673-6958 Email hleger@lex-co.com	<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 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 Randy Williamson	Address 133 Circleview Dr. City/Zip Lexington, SC 29072 Phone 864-634-4209 Email rannge87@gmail.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.
Name Nikul Patel	Address 911 Bush River Rd City/Zip Columbia, SC 29210 Phone 803-798-5101 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.

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

For Office Use Only: # 84 of #
Entered into DB on by



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



349

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 ANN DAWSON	Address 1136 Statler Rd. City/Zip Columbia, SC 29210 Phone 803-772-0546 Email dawsonANN@att.net	<input checked="" 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				<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 Nina Shirer	Address 1806 FAIRHAVEN Dr City/Zip Columbia SC 29210 Phone 803-772-8120 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 Tommy Shirer	Address 1806 FAIRHAVEN Dr City/Zip Columbia, 29210 Phone 803-772-8120 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 Faun Orr	Address 433 Arrowwood City/Zip Col a SC Phone 803 727-8921 Email caplmon120@gmail	<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.

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

For Office Use Only: # 85 of #
Entered into DB on by



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



35b

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 <i>John + Baba Turner</i>	Address <i>1723 Holly Hill 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 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 <i>W. Columbia 29169</i>							
	Phone <i>796-1017</i>							
	Email <i>jgfs55@bellsouth.net</i>							
Name <i>Joyce -Daucie Morrow</i>	Address <i>215 Blackhawk Terr</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. Col SC 29169</i>							
	Phone <i>8032615097</i>							
	Email <i>joycedaucie@bellsouth.net</i>							
Name <i>Marvin & Robin Richburg</i>	Address <i>2039 Chipmunk Lane</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>West Columbia, SC 29169</i>							
	Phone <i>803.360.2095</i>							
	Email <i>richburg8883@ATT.net</i>							
Name <i>Mark Schneider</i>	Address <i>50 Old Well Rd.</i>	<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.		
Organization (if applicable)	City/Zip <i>Irmo 29063</i>							
	Phone <i>803-513-0316</i>							
	Email <i>mark.schneider@linder.com</i>							

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

For Office Use Only: # 86 of # _____
Entered into DB on _____ by _____



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 <i>Jeff Hunter</i> Organization (if applicable)	Address <i>454 Winstone Dr</i> City/Zip <i>Columbia 29210</i> Phone <i>803-779-9058</i> Email <i>MR.Hunter@Juno Co</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>Stacy Smith</i> Organization (if applicable)	Address <i>106 Polace Green Ct</i> City/Zip <i>Columbia 29210</i> Phone <i>803-772-8618</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>Marilyn Smith</i> Organization (if applicable)	Address City/Zip <i>Same</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>Lil Wood</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 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.

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

For Office Use Only: # 87 of # _____
Entered into DB on _____ by _____



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 <i>Randy Sikes</i>	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	<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							<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							
	Email							
Name <i>SAUL VALENTINO</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>			<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 <i>Jim Prater</i>	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 <i>Benny Clark</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>			<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							

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

For Office Use Only: # 88 of # _____
Entered into DB on _____ by _____



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 CLAUDE GALARNEAU	Address 1607 MORRIS HILL DR	<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 COLA. S.C. 29210					<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.
Phone 803 772 7531						
Email						
Name STEPHEN ANDERSON	Address 221 Brookhurst	<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.
Organization (if applicable)	City/Zip Columbia, SC 29210					
Phone 803 750-1400						
Email STEVE.ANDERSON@CENTRA						
Name Austin Smellwood	Address 3780 Fernside Rd	<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 Columbia 29210					
Phone (803) 772-5206						
Email austin@screctors.org						
Name Judy Brennan	Address 101 Tyborne	<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 checked="" 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 803-772-3033						
Email judybrennan@belkath						

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

For Office Use Only: # 89 of #
Entered into DB on by



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 Greg Redmond Organization (if applicable) Dominion Energy	Address 121 Moore Hopkins Lane City/Zip Columbia SC 29210 Phone (803) 747-1256 Email greg.redmond@dom.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.
Name Linda Chain Organization (if applicable)	Address 313 Conover Rd. City/Zip Columbia SC 29210 Phone 803 730-3817 Email linda.retiredandhappy@gmail.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 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 Rick Day Organization (if applicable) Stantec	Address 216 Wandoe Dr City/Zip Mt. Pleasant, SC Phone 843-754-5450 Email Rick.Day@stantec.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 Chuck & Judy Klotz Organization (if applicable)	Address 354 River Club Rd City/Zip Lexington, SC 29072 Phone Email CK200011@LIVE.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.

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

For Office Use Only: # 90 of #
Entered into DB on by



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>STEVE PATEL</u>	Address <u>1720 BUSH RIVER ROAD</u> City/Zip <u>COLUMBIA, SC 29210</u> Phone <u>803-348-2910</u> Email <u>STEVE.PATEL@BESTWESTERN.COM</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				<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 <u>(Eddie) ASHOKKUMAR PATEL</u>	Address <u>200 ZIMMERMAN DR</u> City/Zip <u>COLUMBIA SC 29210</u> Phone <u>803 974 9654</u> Email <u>Jayeshok2003@yahoo.com</u>	<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 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 <u>MIKE CALIKINS</u>	Address <u>466 WINSTAIR DR</u> City/Zip <u>COLA 29210</u> Phone <u>331-5505</u> Email <u>MIKACALIKINS1950@GMAIL.COM</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				<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>Sybil Anderson</u>	Address <u>2717 East lawn Dr</u> City/Zip <u>Columbia SC 29210</u> Phone <u>803-772-5758</u> Email <u>SybilAnderson@yahoo.com</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 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.

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

For Office Use Only: # 91 of # _____
Entered into DB on _____ by _____



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 Derek Riley Organization (if applicable)	Address 2417 Park St. City/Zip Columbia SC 29201 Phone (803) 530-0205 Email Derek.Riley@gmail.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.
Name Amanda Harris Organization (if applicable) CECS	Address 2000 Park St City/Zip Columbia 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 checked="" type="checkbox"/> Other Road sign				<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 BARRY Arnick Organization (if applicable)	Address 3626 Sidway Rd City/Zip Columbia SC Phone 803 600-2025 Email ba00705@hol.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 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 Jim & Pat Watson Organization (if applicable)	Address 716 Pine Springs Rd City/Zip Columbia SC Phone 803-772-4418 Email	<input type="checkbox"/> Email <input checked="" 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 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.

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

For Office Use Only: # 92 of #
Entered into DB on by



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 <i>Audrey Landers</i> Organization (if applicable)	Address <i>201 Brookshire Dr</i> City/Zip <i>Columbia SC 29210</i> Phone <i>803-772-6010</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 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>Al Landers</i> Organization (if applicable)	Address <i>201 Brookshire Dr</i> City/Zip <i>Columbia, SC 29210</i> Phone <i>803-772-6010</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 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>JIMMY B. EDWARDS</i> Organization (if applicable)	Address <i>2020 DRIFTWOOD DR</i> City/Zip <i>COLUMBIA SC 29210</i> Phone <i>803-546-7665</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>Jeff Sieckman</i> Organization (if applicable)	Address <i>4605 Arcadia Rd.</i> City/Zip <i>Columbia SC 29206</i> Phone <i>864-792-2131</i> Email <i>Sieckmanj1@ccsinc.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 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.

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

For Office Use Only: # 93 of # _____
Entered into DB on _____ by _____



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 Stephen Davis Organization (if applicable)	Address 216 Ridge Trl City/Zip COLA SC 29229 Phone Email	<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 Kelly McCormick Organization (if applicable) CECS	Address City/Zip Phone Email mcmccormick@cecsinc.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 Jose Guzman Organization (if applicable) Monument Re	Address 200 Berry Hill Ln City/Zip Phone Email JMGUZZMAN201	<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 JUAN FRANKLIN Organization (if applicable) monument Realty	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.

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

For Office Use Only: # 94 of #
Entered into DB on by



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



U.S. Department of Transportation
Federal Highway Administration

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 <i>Constance Brunson</i>	Address <i>1124 Pineywoods</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.
Organization (if applicable)	City/Zip <i>Columbia, SC 29210</i>					
Phone <i>(803) 798-3940</i>						
Email						
Name <i>Benita Brunson</i>	Address <i>231 Chippewa 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 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>Columbia, SC 29210</i>					
Phone <i>(803) 622-3706</i>						
Email <i>benitak92@gmail.com</i>						
Name <i>Jason Cashatt</i> <i>Dawn Cashatt</i>	Address <i>348 Harrow 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 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 29210</i>					
Phone <i>(803) 238-2456</i>						
Email <i>jcashatt@me.com</i> <i>dawn.cashatt@me.com</i>						
Name <i>Jim & Marsha Sansonetti</i>	Address <i>118 Linsbury Cir</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.
Organization (if applicable)	City/Zip <i>Columbia, 29210</i>					
Phone <i>(803) 361-1801</i>						
Email <i>sansoj6@gmail.com</i>						

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

For Office Use Only: # 95 of # _____
Entered into DB on _____ by _____



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



400

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 <i>Mary Lee Burke</i> Organization (if applicable)	Address <i>1057 Myralon Dr</i> City/Zip <i>W. Columbia, SC 29169</i> Phone <i>(803) 796-3693</i> Email <i>aburke3@bellSouth.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>Mike Barbee</i> 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 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 <i>Marcella Carrig</i> Organization (if applicable)	Address <i>POB 210811</i> City/Zip <i>Columbia SC</i> Phone <i>29221</i> Email <i>803-605-1495</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>Shirley H. Amick</i> Organization (if applicable)	Address <i>530 Tram Rd.</i> City/Zip <i>Columbia, SC</i> Phone <i>798-1469</i> Email <i>seha530@aol.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 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.

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

For Office Use Only: # 96 of # _____
Entered into DB on _____ by _____