ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT (AHTD)

CITIZEN COMMENT FORM

AHTD JOB NUMBER 090224
BELLA VISTA TOLL FACILITY
BENTON COUNTY

LOCATION:
RIORDAN HALL
7 KINGSDALE LANE
BELLA VISTA, AR
4:00 – 7:00 p.m.
WEDNESDAY, AUGUST 5, 2009

Make your comments on this form and leave it with AHTD personnel at the meeting or mail it within 15 days to: Arkansas State Highway and Transportation Department, Environmental Division, Post Office Box 2261, Little Rock, Arkansas 72203-2261.

| 1) | How many times per week would you normally use the proposed Bella Vista Bypass if it were not tolled? Please check one box. |
|----|---|
| | 1-9 times each week |
| | 10-20 times each week |
| | ☐ More than 20 times each week |
| | ☐ I will not use the bypass, even if it is not tolled. |
| 2) | How many times per week would you normally use the proposed Bella Vista Bypass if a toll were required? Please check one box. |
| | 1-9 times each week |
| | 10-20 times each week |
| | ☐ More than 20 times each week |
| | ☐ I will not use the bypass if it is tolled. |
| 3) | Where do you live? Please check one box. |
| | Rural Benton County |
| | ☐ Gravette or Hiwasse |
| | ☐ Bella Vista – West of Highway 71 |
| | ☐ Bella Vista – East of Highway 71 |
| | ☐ McDonald County, Missouri |
| | Other |

| Would you qualify for a reduced toll rate by falling into one of the following groups? Please check one box. |
|--|
| ☐ One person family with an income of \$10,830 or less |
| ☐ Two person family with an income of \$14,570 or less |
| ☐ Three person family with an income of \$18,310 or less |
| ☐ Four person family with an income of \$22,050 or less |
| ☐ Five person family with an income of \$25,790 or less |
| ☐ Six person family with an income of \$29,530 or less |
| My family doesn't fall into any of the groups above, so we wouldn't qualify. |
| Please make additional comments here. |
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