

**ARKANSAS DEPARTMENT OF TRANSPORTATION (ARDOT)  
CITIZEN COMMENT FORM**

**ARDOT JOB NUMBER 012227  
Guy-Heber Springs (Safety Impvts.) (Sel. Secs.) (Hwy. 25)  
FAULKNER & CLEBURNE COUNTIES**

**LOCATION:  
MT. OLIVE BAPTIST CHURCH (FELLOWSHIP HALL)  
448 HWY. 25 NORTH  
GUY, AR  
4:00 – 7:00 P.M.  
TUESDAY, APRIL 9, 2019**

Make your comments on this form and leave it with ARDOT personnel at the meeting or mail it by 4:30 p.m. on **Wednesday, April 24, 2019** to: Arkansas Department of Transportation, Environmental Division, Post Office Box 2261, Little Rock, Arkansas 72203-2261. Email: [environmentalmeetings@ardot.gov](mailto:environmentalmeetings@ardot.gov).

Yes    No

    Do you feel there is a need for the proposed safety improvements to select sections of Hwy. 25 in Faulkner and Cleburne Counties? Comment (optional) \_\_\_\_\_

\_\_\_\_\_

    Do you know of any historical sites, family cemeteries, or archaeological sites in the project area? Please note and discuss with staff. \_\_\_\_\_

\_\_\_\_\_

    Do you know of any environmental constraints, such as endangered species, hazardous waste sites, existing or former landfills, or parks and public lands in the vicinity of the project? Please note and discuss with ARDOT staff. \_\_\_\_\_

\_\_\_\_\_

    Does your home or property offer any limitations to the project, such as septic systems, that the Department needs to consider in its design? \_\_\_\_\_

\_\_\_\_\_

(Continued on back)

Yes No

Do you have a suggestion that would make this proposed project better serve the needs of the community? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that the proposed improvements project will have any impacts ( Beneficial or  Adverse) on your property and/or community (economic, environmental, social, etc.)? Please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

It is often necessary for the ARDOT to contact property owners along potential routes. If you are a property owner along or adjacent to the route under consideration, please provide information below. Thank you.

Name : \_\_\_\_\_ (Please Print)

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Please make additional comments here. \_\_\_\_\_

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