



Interstate 69, SIU No. 14 Comment Form

PLEASE PRINT CLEARLY

Submit this form to Program Office or add postage and drop in mailbox. Please complete your full name and address information for the official public record. All comments must be post-marked by May 30, 2005.

ONE COMMENT FORM PER PERSON

Name: _____

Address: _____

City: _____

Parish/County _____

State: _____ Zip Code: _____

Phone: _____

Please select **ONE** of the following:

- | | |
|--|--|
| <input type="checkbox"/> Alternative #4 | <input type="checkbox"/> Alternative #5 |
| <input type="checkbox"/> Alternative #4.2 | <input type="checkbox"/> Alternative #5.1 |
| <input type="checkbox"/> Alternative #4.3 | <input type="checkbox"/> Alternative # 5.2 |
| <input type="checkbox"/> Alternative #4.2 & .3 | <input type="checkbox"/> Alternative #5.1 & .2 |
| <input type="checkbox"/> No Build Alternative | |

Why did you make this selection? _____



Postage
Required

I-69 SIU 14 Program Office
425 West Main Street
Homer, LA 71040

