Columbia River CROSSING

Event: _____
Date: _____

Comment Form

Thank you *for taking time to give us your comments and help shape the future of this project. Completed forms may be mailed to the address listed on the other side, or given to a staff member. Comments also may be emailed to feedback@columbiarivercrossing.org.*

*Name: _____ Organization (Optional): _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

Email: _____(* = Required fields)

Would you like to be added to the Project mailing list? ☐ Yes ☐ No ☐ Prefer Email

www.ColumbiaRiverCrossing.org
503-256-2726 or 360-737-2726
feedback@columbiarivercrossing.org

Washington State Department of Transportation

Oregon Department of Transportation

Additional Comments:

NEED MORE INFORMATION?

Speaker ● Would you like a presentation to your community group? Who should we contact to schedule this?

Name: _____

Phone / email: _____

Upcoming community events ● Please suggest events, festivals, etc. where we can tell others about this project:

Name of event: _____ Date: _____

Contact person, tel# : _____

Translation ● Does your group need information in a language other than English? ☐ Yes _____

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Affix 41 cents postage here

COLUMBIA RIVER CROSSING PROJECT
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