

Public Meeting Comment Sheet

Item 5-80304.00



Welcome and thank you for attending this meeting and sharing your thoughts. Throughout the meeting space there are exhibits which show maps that correspond to the questions below. Please do not hesitate to ask a team member if you have any questions.

Part A: Issues (Board 1A to Board 1E)

Do you have any concerns about regarding traffic flow or growth on KY 1531 (Johnson Rd)? If so, please describe.

Part B: Corridor Traffic Conditions

Are there locations along KY 1531 (Johnson Rd) where you experience traffic concerns such as congestion or delays? If so, please describe.

Part C: Corridor Safety Conditions

Are there locations along KY 1531 (Johnson Rd) where you feel uncomfortable driving or have experienced unsafe behavior from other drivers? If so, please describe.

Part D: Corridor Environmental Overview

Are there locations along KY 1531 (Johnson Rd) where there are unique environmental features we should consider in the development of concepts? If so, please describe.

Part E: Draft Goals and Objectives

Do you agree with the draft goals and objectives for the project? If not, what would you change.

Part F: Improvement Options

Which of the following describe the types of improvements that you would like to see along KY 1531 (Johnson Rd)? Please check all that apply.

- Widen/add lanes
- Widen/add shoulders
- Add multimodal (bicyclists and pedestrian) facilities
- Reduce sharp curves
- Improve intersection with US 60 (Shelbyville Rd)
- Improve intersection with Aiken Rd
- Improve intersection with _____ (fill in name of cross street)
- Reduce the vertical hills
- Improve sight distance at intersection of _____ (fill in name of cross street)
- Decrease travel time/speed along the corridor
- Improve signage along the corridor
- Improve pavement conditions along the corridor
- Improve drainage along the corridor
- Add turn lanes at intersection of _____ (fill in name of cross street)
- Other: _____

Part G: Demographics (Optional)

Providing the information below is optional and allows KYTC to evaluate whether outreach is reaching all users. Your responses will be used only for planning and reporting purposes.

ZIP code: _____

Age group:

- Under 18
- 18-24
- 25-44
- 45-64
- 65+

Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

Do you speak a language other than English at home?

- Yes
 - No
 - Prefer not to say
- If yes, which language? _____

Share any other information/comments in the space below.

If you would like to be added to the mailing list for project updates, please complete the information below.

Name: _____

Email: _____

Address or Neighborhood: _____

Thank you for completing this comment sheet! Please return it to the basket labeled "Comment Sheets" or hand to a Team Member.

"Under KRS 516.030, falsely completing, making, or altering this document with the intent to defraud, deceive, or injure another is forgery in the second degree, a Class D felony."