

Project Sponsors Council Comment Form

The governors of Oregon and Washington charged the Project Sponsors Council with advising the project on completion of the Final Environmental Impact Statement, project design, project timeline, sustainable construction methods, consistency with greenhouse gas emission reduction goals and the financial plan.

MY COMMENT IS ABOUT (feel free to fill out multiple forms)

- | | |
|---|---|
| <input type="checkbox"/> Final Environmental Impact Statement | <input type="checkbox"/> Consistency with greenhouse gas emission reduction goals |
| <input type="checkbox"/> Project design | |
| <input type="checkbox"/> Project timeline | <input type="checkbox"/> Financial plan |
| <input type="checkbox"/> Sustainable construction methods | <input type="checkbox"/> Other _____ |
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— over —

WHAT IS THE BEST WAY TO SHARE PROJECT NEWS WITH YOU?

Email	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Presentation at community meeting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Web site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information booth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Newsletter or mailing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Twitter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CRC-sponsored workshop or open house	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NEED MORE INFORMATION?

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

Name (First & Last Name, Organization) _____

Phone / E-Mail _____

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

Name of Event _____ Date _____

Contact person, telephone : _____

Translation | *Does your group need information in a language other than English?*

Yes What language? _____

SIGN UP FOR PROJECT UPDATES | Optional

YES Would you like to be added to the project
 NO mailing list?

Name (First & Last Name, Organization) _____

Address (Street, City, State, Zip) _____

E-mail (enter address to receive monthly electronic updates) _____


Thank you!


Please give this form to a staff person
or send it to the project office in a
stamped envelope.

MAIL
Columbia River Crossing
700 Washington Street, Suite 300
Vancouver, WA 98660

FAX
360-737-0294

E-MAIL
feedback@columbiarivercrossing.org

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