Transportation Needs Form

Please complete the following: 1. Date:_____ 2. In what county is the transportation need located? ____Gentry Holt ___Nodaway Atchison Worth 3. In what city (if applicable) is the need located? 4. Describe the **location** of the need, e.g., crossroads and/or landmarks if possible. 5. Describe the **need** including the type of need, e.g., safety, maintenance, etc. 6. Which of the following best describes with whom you work? __County government ___City government ___Business representative ___Other _____ Resident 7. Is your community willing to participate in the costs to address the concern? Please provide your contact information below for follow-up.

Please return this form to: Amy Dowis, Regional Planner

NWMO RCOG 114 W. 3rd Street Maryville, MO 64468

Email: amy@nwmorcog.org

For assistance in completing this survey or for other related questions, please email amy@nwmorcog.org or call 660-582-5121, ext. 3.