PROBLEM LOCATION IDENTIFICATION FORM
BOONE COUNTY TRANSPORTATION STUDY

LOCATION

Street or Road: _____

Cross Street/Nearest Intersection: _____

DESCRIPTION OF PROBLEM

Problem Type (check one): ☐ Safety ☐ Congestion ☐ Both

Please describe the problem:

SKETCH/DIAGRAM (Optional)

SUBMITTED BY:

Name: _____

Agency/Representing: _____

Address: _____

_____

Phone: _____

E-Mail: _____

PLEASE RETURN TO:

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Boone County Transportation Plan 2030
Boone County, Kentucky
Ohio-Kentucky-Indiana Regional Council of Governments