

Corrections / Suggestions Form

Thank you for your interest in New Jersey's Straight Line Diagrams. Your input will assist in maintaining the database and allow us to present the most accurate information available. Please fill out the appropriate information contained on this form and mail or fax it to the following address:

New Jersey Department of Transportation
Bureau of Transportation Data and Safety
1035 Parkway Avenue, PO 600
Trenton, New Jersey 08625-0600
Fax Number (609) 530-2593

Corrections

Route Number / Name: _____

S.R.I. Number: _____

Milepost(s) Limits: _____

Municipality: _____

County: _____

- Data to Correct:
- | | | |
|---|---|--|
| <input type="checkbox"/> Street Name | <input type="checkbox"/> Median Width | <input type="checkbox"/> Pavement, Secondary Dir. |
| <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> Pavement, Primary Dir. | <input type="checkbox"/> Shoulder, Secondary Dir. |
| <input type="checkbox"/> Functional Class | <input type="checkbox"/> Shoulder, Primary Dir. | <input type="checkbox"/> No. Lanes, Secondary Dir. |
| <input type="checkbox"/> Federal Aid System | <input type="checkbox"/> Traffic Volume | <input type="checkbox"/> Speed Limit, Secondary Dir. |
| <input type="checkbox"/> Speed Limit | <input type="checkbox"/> Traffic Station ID | <input type="checkbox"/> Street Name, Secondary Dir. |
| <input type="checkbox"/> Number of Lanes | <input type="checkbox"/> Structure Number | <input type="checkbox"/> Interchange Diagram |
| <input type="checkbox"/> Median Type | <input type="checkbox"/> Enlarged Views | <input type="checkbox"/> Express / Other |

Detailed Explanation: _____

Suggestions

Submitted By:

Name: _____ Address: _____

NJDOT Unit: _____

Company Name: _____

Type of Business: _____

Telephone Number: _____

Date: _____