



Date: _____

Voluntary Demographic Survey

Please fill out the information below. This will help us to ensure that we are reaching the communities that are affected by our projects and planning. If you have questions or need assistance, please see an MDOT SHA employee, or call 1-410-545-0377. If you're unable to complete this survey at the meeting site, you may also mail it to the address on the reverse side (postage paid). Thank you.



STATE HIGHWAY
ADMINISTRATION

Zip Code:

Which category best describes you? ☐ Female ☐ Male

☐

AMERICAN INDIAN OR
ALASKA NATIVE

☐

HISPANIC OR LATINO

☐

OTHER RACE OR ETHNICITY

☐

ASIAN

☐

NATIVE HAWAIIAN /
PACIFIC ISLANDER

☐

BLACK OR
AFRICAN AMERICAN

☐

WHITE

Age: ☐ Under 18 ☐ 18 - 40

☐ 41 - 65

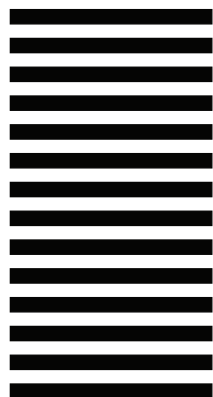
☐ 65+

If you have a disability, were there reasonable accommodations for you at this meeting? If not, please explain in the box to the right. ☐ N/A ☐ YES ☐ NO

Do you speak another language other than English at home? If so, what language? _____



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NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: SHABNAM IZADI
OFFICE OF EQUAL OPPORTUNITY
MARYLAND DEPARTMENT OF TRANSPORTATION
STATE HIGHWAY ADMINISTRATION
211 EAST MADISON STREET MS LL-3
BALTIMORE MARYLAND 21298-6521

