



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

Age:  Under 18  18 - 40

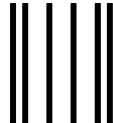
BLACK OR  
AFRICAN AMERICAN

WHITE

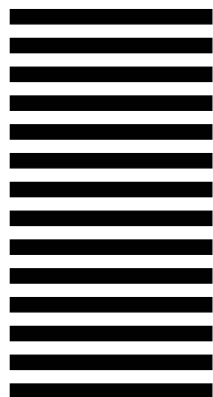
41 - 65  65+

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? \_\_\_\_\_



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 17715 BALTIMORE MD

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

