

# 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 Development  
1035 Parkway Avenue, PO 613  
Trenton, New Jersey 08625-0613  
Fax Number (609) 530-3514

## Corrections

Route Number / Name: \_\_\_\_\_

SRI 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: \_\_\_\_\_