IL 173 at Keystone Road Study Stakeholder Working Group (SWG) Membership Application



Please Print		
Name:		
Affiliation:		
Address:		
City:	State:	Zip:
Phone No.:		
E-Mail Address:		
If selected, I would be representing	,	
Business (please desc	cribe)	
Group or Organization	on (please describe)	
Other (please describe	e)	
Please describe your main reason f	for seeking membership on the Stak	eholder Working Group.
understand that as a SWG member it is my recommitment will require attendance at three for this study and SWG meetings will be sche	e weekday meetings held throughout the studed and the coincide with other study activities. (one Road intersection (3) to be willing to step	s (or send representative). I am aware that this y process. IDOT is operating under a schedule 2) To assist IDOT in the planning and design
	of members who represent similar interests/e	nt practical, represent a wide variety of interest entities. I understand, therefore, that my
Signature:		Date:
Please complete this form either online, the and emailing it to		

IL173Keystone.com

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www.IL173Keystone.com

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	place stam here
Illinois Department of Transportation Bureau of Programming Attn: Valentina DeFex, PE	
201 Center Court Schaumburg, IL 60196	
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