

# US 98 Adaptive Signal Complaint Form

## Citizen Information:

Name	
Address	
City/State/Zip	
Phone	
Email	

## Traffic Light Information:

Intersection	
Traveling Direction/ Movement (i.e. EB left turn)	
Day of Week	
Time of Day	

## Additional Comments:

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**Please submit all completed forms to [swinfo@dot.state.al.us](mailto:swinfo@dot.state.al.us)**

**Phone (251) 470-8378**