STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

**SUGGESTIONS AND COMMENTS**

# PLANS PREPARATION MANUAL

**NAME OF FIRM OR**

**FDOT DEPARTMENT:**

**PHYSICAL ADDRESS:**

**NAME OF PERSON**

**RESPONSIBLE FOR**

**SUGGESTIONS OR**

**COMMENTS:**

**EMAIL ADDRESS:**

**TELEPHONE NO.:**

**FAX NO.:**

**SUGGESTIONS**

**OR COMMENTS:**

(Comments or Suggestions may be attached as marked up copies of pages from the manual)

**Please complete the requested information on a copy of this sheet and return to:**

**FLORIDA DEPARTMENT OF TRANSPORTATION**

**ROADWAY DESIGN OFFICE**

**MAIL STATION 32**

**605 SUWANNEE STREET**

**TALLAHASSEE, FLORIDA 32399-0450**

**FAX NUMBER (850) 414-5261**