Illinois Department of Transportation

BLRS Manual
Comments and/or Corrections

Name: _____ **Date:** _____

Local Agency/IDOT Office/Company Name: _____

Position: _____

Telephone Number: _____ **E-Mail Address:** _____

(PLEASE PROVIDE ANY BACKGROUND OR REFERENCES USED)

Send to:
Illinois Department of Transportation
2300 South Dirksen Parkway
Springfield, Illinois 62764
Attn: Bureau of Local Roads and Streets

Or email DOT.LocalPolicy@illinois.gov

HARD COPIES UNCONTROLLED