

NEW YORK CITY TRAFFIC CONGESTION MITIGATION COMMISSION

NOTICE OF PUBLIC HEARING

SUBJECT: Interim Report of the New York City Traffic Congestion Mitigation Commission

PURPOSE: To take testimony and consider public reaction to the interim report of the New York City Traffic Congestion Mitigation Commission.

Hunter College Auditorium – Hunter College
Wednesday, January 16, 2008
4:00 PM
East 68th Street between Park & Lexington Avenue
New York, NY

Chapter 384 of the Laws of 2007 established the New York City Traffic Congestion Mitigation Commission, a 17-member body directed to undertake a review and study of plans to reduce traffic congestion and other related health and safety issues within the City of New York.

The Commission has spent the past four months examining the Mayor's plan and an array of alternatives and modifications. As part of this process, and to provide the opportunity for maximum public involvement, the Commission held seven public hearings throughout New York City, Long Island and Westchester County.

With its efforts nearing conclusion and an interim report now ready for consideration, the Commission is holding another hearing to invite public comment on the interim report. The interim report will be available for review beginning January 10th, 2008 on the Commission website at:
https://www.nysdot.gov/portal/page/portal/programs/congestion_mitigation_commission

Persons wishing to comment on the interim report should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

To ensure that the maximum number of citizens have an opportunity to address the Commission, oral testimony will be limited to four (4) minutes' duration. In preparing the order of witnesses, the Commission will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to the Commission as early as possible. In the absence of a special circumstance, witnesses will be scheduled in the order in which reply forms are postmarked. The deadline for the receipt of reply forms is 1:00PM on the day of the hearing.

Twenty copies of any prepared testimony should be submitted at the hearing registration desk. The Commission would appreciate advance receipt of one copy of prepared statements.

In order to further publicize these hearings, please inform interested parties and organizations of the Commission's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Commission, in accordance with the 1990 Americans with Disabilities Act (ADA), will provide accommodations for individuals with disabilities, upon reasonable request, to afford such individuals access and admission to this public hearing.

PUBLIC HEARING REPLY FORM

Persons wishing to comment on the interim report under consideration by the New York City Traffic Congestion Mitigation Commission are requested to complete this reply form as soon as possible and return it to:

Andrea Miles-Cole
New York City Traffic Congestion Mitigation Commission
47-40 21st Street – 9th Floor
Long Island City, NY 11101
congestion_mitigation_commission@dot.state.ny.us
Phone 212 383-7234
Fax: 718 482-6686

- I plan to attend the public hearing on the interim report of the New York City Traffic Congestion Mitigation Commission to be held on January 16, 2008 at Hunter College in Manhattan.
- I plan to make a public statement at the hearing indicated above. My statement will be limited to 4 minutes, and I will answer any questions which may arise. I have attached a copy of my prepared statement, and I will provide twenty copies at the hearing.
- I will address my remarks to the following subjects:

- I wish to submit written testimony for inclusion in the hearing record. I have attached 20 copies of my testimony.
- I do not plan to attend the above hearings.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____