

## Questionnaire

| Please fill out this questionnaire, turn in with your contact info and you will be entered into a drawing for prizes  Must provide info to win! |   |  |                           |  | Circle One |     |
|---|---|--|---------------------------|--|------------|-----|
| I support the Active Transportation Plan (so far)   |   |  |                           |  | yes        | no  |
| We have adequate safe streets, sidewalks and crossings  |   |  |                           |  | yes        | no  |
| We need more bridges over the canal in certain areas  |   |  |                           |  | yes        | no  |
| I would like to see more marked bike lanes / shared lanes   |   |  |                           |  | yes        | no  |
| My preferred mode(s) of Active Transportation – circle all that apply   |   |  |                           |  |            |     |
| Walk Run / Jog Bicycle Scooter Hors   |   |  |                           |  |            |     |
| Of the defined corridors, my priority would be:   |   |  |                           |  |            |     |
| Name of corridor:  Color: Numbe   |   |  |                           |  |            |     |
| My Info (optional)  |   |  |                           |  |            |     |
| name:   |   |  |                           |  | want v     | our |
| phone/text:<br>e-mail:  |   |  | We want your<br>FEEDBACK! |  |            |     |
|   | _ |  |                           |  |            |     |
| comments, suggestions, and/or ideas for additional corridors  |   |  |                           |  |            |     |
|   |   |  |                           |  |            |     |
|   |   |  |                           |  |            |     |
|   |   |  |                           |  |            |     |
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|   |   |  |                           |  |            |     |
|   |   |  |                           |  |            |     |
|   |   |  |                           |  |            |     |

Thanks for your time and participation!

