

Citizen Comment Form

Name: _____

Address: _____

Phone Number : _____ Email : _____

How would you describe yourself?

- Live in the area
- Local business owner
- Work in the area
- Other: _____

How often do you drive West A Street, west of Coddington Avenue?

- Several times each day
- Morning/evening commute
- Weekly
- Other: _____

How often do you drive West A Street, east of Coddington Avenue?

- Several times each day
- Morning/evening commute
- Weekly
- Other: _____

What are your general thoughts about West A Street today? _____

Rate the following concerns when traveling on West A Street.

- | | | | |
|---------------------------|-------------------------------|-------------------------------|-------------------------------|
| Roadway surface | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Traffic safety | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Traffic flow | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Bicycle pedestrian safety | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| Other: _____ | | | |

Do you or members of your family bicycle or walk along West A Street?

- Yes No

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If you bike or walk on West A street, what are your destinations?

- Roper Elementary
- Coddington Market
- Coddington Park
- Medical Facilities
- Community Center
- Other _____

Where do you see pedestrians crossing West A Street?

- At Folsom
- near bridge over Hwy 77
- At S. Coddington
- West of SW 27th
- Other _____

What storm water issues have you experienced?

- Standing or ponding water
- Erosion
- Deterioration of pavement
- Water over road or driveway
- Other: _____

Describe where storm water issues exist. _____

Would you like to be on the West A Street Citizen Advisory Committee? Yes No

How did you find out about the project meeting?

- Postcard in the mail
- West A Association facebook page
- Message board
- Other: _____

Business Comment Form

If you are representing a business, please answer the following questions.

Business Name: _____

Local Address: _____

Local Email Address: _____

What days and hours are you open? Check all that apply

Days

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Hours

- Before 6am
- 6am – 10am
- 10am – 3pm
- 3pm – 5pm
- 5pm – 8pm
- 8pm - 12pm
- 12pm - 6am

Are there peak times when customers and clients visit? _____

How many customers/clients visit your business on a typical day? _____

How many employees do you have at your location that commute on West A Street? _____

What type of access do you need to your business?

- Delivery trucks
- Passenger vehicles
- Pedestrians
- Other: _____

Are there certain times of year where access needs change? _____

Are there critical times when utility service to your business, such as water or gas, cannot be disrupted? _____

Is there any other information you'd like to provide about how the project might affect the operation of your business during construction? _____

Would you like to be on the West A Street Business Owner Advisory Committee? Yes No