

## 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?** \_\_\_\_\_

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**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: \_\_\_\_\_

Please place your comment form in the box provided at the meeting or mail to: West A Street Project, Olsson Associates, 601 P Street, Lincoln, NE 68508 [westastreet@olssonassociates.com](mailto:westastreet@olssonassociates.com) by June 15, 2017. Comments may also be left on the project website: [www.westastreet.com](http://www.westastreet.com)

## 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