

Public Participation in the transportation planning process is essential to ensuring that the interest of all citizens are considered and reflected. The Fredericksburg Area Metropolitan Planning Organization (FAMPO) asks citizens to complete this survey in order to evaluate if access needs are being met for citizen information meetings/public hearings. Disclosure of this information is strictly voluntary and anonymous.

1. What is your age?

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 40-65 |
| <input type="checkbox"/> 26-39 | <input type="checkbox"/> Over 65 |

2. Check the block for the ethnic group with which you most identify:

- | | |
|--|--|
| <input type="checkbox"/> White/Caucasian (not of Hispanic origin) | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black/African American (not of Hispanic origin) | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic/Spanish | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (<i>please specify</i>) |
| <input type="checkbox"/> Chinese | |

3. What is your total household income?

- | | |
|--|---|
| <input type="checkbox"/> Under 20,000 | <input type="checkbox"/> 60,001 – 80,000 |
| <input type="checkbox"/> 20,001 – 40,000 | <input type="checkbox"/> 80,001 – 100,000 |
| <input type="checkbox"/> 40,001 – 60,000 | <input type="checkbox"/> Over 100,000 |

4. Did you request any special accommodations such as language translation, sign language, Braille or large print documents in order to participate in this citizen informational workshop/public hearing?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. If yes, were the special accommodations you requested received?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. Please indicate how you learned about today's meeting/hearing (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> facebook |
| <input type="checkbox"/> Email | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Postcard/Direct Mail | <input type="checkbox"/> RSS Feed |
| <input type="checkbox"/> Library | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> News Story | <input type="checkbox"/> Other (<i>please specify</i>) _____ |

7. May we add you to our mailing list?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Additional Comments

Thank you for your participation!

Meeting Type: _____
Date: _____