PC

US Army Corps of Engineers

Visitor Comment Card

We would like to know about your visit. **Your response is voluntary and not required.** This information will be used to improve the quality of information, facilities, and services at this recreation area.

OMB Control #: 0710-0019 Exp: 02/28/2023

Scheduled Survey:
☐ Day-Use
☐ Camping
☐ All Visitors

Other Protocols:
☐ Solicited
☐ Self-Service
☐ Other

Today's Date: [redacted] 25
(MM DD YYYY)

Please help us serve you better on future visits to:

Recreation Area: **Project:**

Previous visits to this recreation area:

1. Is this your first visit to this recreation area? (*Choose one*) ☐ Yes ☐ No

2. If no, how many other times have you visited this area in the last 12 months? _____ (*Enter number*)

How did you hear about this recreation area?
(check all that apply)

☐ Family/Friend ☐ Map/brochure ☐ www.corpslakes.us
☐ www.recreation.gov ☐ www.reserveamerica.com
☐ Other website _____ ☐ Highway/Road Signs
☐ info/staff at local business ☐ Info/staff at local motel
☐ Newspaper/magazine article ☐ School class/program
☐ Welcome center/chamber of commerce

Visitor fees:

1. Did you use a Senior Pass, Access Pass or Annual Day-Use Pass to offset the fees charged at this area? (*Choose one*) ☐ Yes ☐ No ☐ Does Not Apply

2. Did you pay a fee to enter or use this area during your current visit? (*Choose one*) ☐ Yes ☐ No ☐ Not Sure

Use of park facilities at this area:
Did you do any of the following ***at this recreation area during your current visit?*** (*Check all that apply*)

☐ Stay overnight in campground ☐ Use restrooms or showers
☐ Use swimming beach ☐ Use a recreational trail
☐ Use picnic facilities ☐ Use boat or facilities *at a marina*
☐ Launch a boat ☐ Other_____

About yourself:

1. Home postal or ZIP code: _____ (*write in*)

(*Choose one for each item below*)

2. You live in: ☐ U. S. ☐ Canada ☐ Mexico ☐ Other
3. Age: ☐ Under 25 ☐ 25-44 ☐ 45-61 ☐ 62+
4. Gender: ☐ Female ☐ Male
5. Are you Hispanic or Latino? ☐ Yes ☐ No
6. What is your Race? (*Mark one or more*)

☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ White
☐ Native Hawaiian or other Pacific Islander

For your current visit, please rate each of the following: (*Check one box for each item*)

Item	Very Good	Good	Not Good Not Poor	Poor	Very Poor	Does Not Apply
Facilities:						
Suitability of park facilities for my recreational equipment and activities	☐	☐	☐	☐	☐	☐
Restroom cleanliness and availability of conveniences	☐	☐	☐	☐	☐	☐
Appearance of park grounds	☐	☐	☐	☐	☐	☐
Adequacy of signs providing directions and information	☐	☐	☐	☐	☐	☐
Parking space availability during this visit	☐	☐	☐	☐	☐	☐
Condition of roads and parking areas in the park	☐	☐	☐	☐	☐	☐
Employees:						
Availability of park rangers and staff	☐	☐	☐	☐	☐	☐
Helpfulness of park rangers and staff	☐	☐	☐	☐	☐	☐
Environmental Setting:						
Attractiveness of surrounding scenery and landscape	☐	☐	☐	☐	☐	☐
Quality of land and water resources for my activities	☐	☐	☐	☐	☐	☐
Overall:						
Waiting times needed to access park facilities and services	☐	☐	☐	☐	☐	☐
Feeling of safety and security in the park	☐	☐	☐	☐	☐	☐
Value received for any visitor fees paid	☐	☐	☐	☐	☐	☐
Overall satisfaction with your visit to this area	☐	☐	☐	☐	☐	☐

What **improvements** would you like to see in this area? (Describe. Do not provide personally identifiable information (PII)

What did you **like most** about this area? (Describe. Do not provide personally identifiable information (PII)

Visit our website at www.CorpsLakes.us

Are you interested in learning more about recreation opportunities on Corps of Engineers lakes?

Your thoughtful feedback today will help make future visits here more enjoyable and worthwhile for everyone.

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Thank You!

AGENCY DISCLOSURE STATEMENT **OMB Control #:0710-0019, Exp: 02/28/2023**

The public reporting burden for this collection of information, 0710-0019, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RESPOND TO THE ABOVE ADDRESS
Responses should be directed to:

Natural Resources Support Program

USACE - IWR - Casey Building

7701 Telegraph RD

Alexandria VA 22315