

## Springfield Rail Improvements Project Public Open House – February 15, 2018 COMMENT FORM

Thank you for completing this comment form. Your input will help inform the Springfield Rail Improvements Project team's future activities and decision-making.

| 1.   | Which of the following best describes you? Please check all that apply.     |  |                               |   |   |
|--|---|--|-------------------------------|---|---|
|  | Resident<br>(City of Springfield)   | Business Owner / Operator<br>(City of Springfield) |                               |   | Elected Official<br>(City of Springfield) |
|  | Resident<br>(Sangamon County)   | Business Owner / Operator<br>(Sangamon County)     |                               |   | Elected Official<br>(Sangamon County)     |
|  | Other:  | Zip Code:  |                               |   |   |
| 2.   | 2. How did you find out about this Open House? Please check all that apply. |  |                               |   |   |
|  | Emailed Newsletter  | Newspaper Article                                  |                               |   | Social Media                              |
|  | Mailed Newsletter   | _ Flier  |                               |   | Project Website                           |
|  | Word of Mouth   | Local Med  | ia Coverage (TV, Radio, Etc.) |   | Other                                     |
| 3. Please evaluate this event according to the following, circle your answer |   |  |                               |   |   |
| A.   | The Open House was:   |  |                               |   |   |
|  | Informative<br>1  | 2  | 3                             | 4 | Uninformative<br>5                        |
| D  | _   | 2  | 5                             | т | 5   |
| D.   | In general the Open House was:<br>Well Planned                              |  |                               |   | Disorderly                                |
|  | 1   | 2  | 3                             | 4 | 5   |
|  | Worth My Time   |  |                               |   | Waste of Time                             |
|  | 1   | 2  | 3                             | 4 | 5   |
| 4.   | . Additional comments:  |  |                               |   |   |
|  |   |  |                               |   |   |
|  |   |  |                               |   |   |
|  |   |  |                               |   |   |
|  |   |  |                               |   |   |
|  |   |  |                               |   |   |