

COMMENT FORM

Please complete and deposit in the comment form box provided or mail to the address on the last page of this form by July 22, 2015.

1. How often do you travel the Bayfront Parkway Corridor?

- a. Daily
- b. Weekly
- c. Monthly
- d. Yearly

Other: _____

2. Which of the following best describes the interest area you represent related to the Bayfront Parkway Corridor Study (*circle all that apply*).

- a. City Resident
- b. Business Owner
- c. Emergency Service
- d. Commuter/Traveler
- e. Government Official
- f. Economic Development
- g. Bayfront Event Attendee
- h. Tourist
- i. Recreational User (Bike/Ped)

Other: _____

3. What types of improvements are you most interested in seeing implemented along the Bayfront Parkway Corridor? (*circle your top 4 improvements*)

- a. Speed Reduction
- b. Safety
- c. Transit Upgrades
- d. Traffic Flow/Congestion
- e. Increased Pedestrian/Bicycle Access
- f. Increased Vehicle Access
- g. Alternative Route Improvements
- h. Strategic Parking and Facilities

Other: _____

4. The improvement concepts presented by the Study Team satisfy the existing and future needs along the Bayfront Parkway Corridor.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

Please explain: _____

5. As presented tonight, the list of improvement concepts associated with the Mobility and Connected Scenarios is comprehensive?

MOBILITY

a. Strongly Agree b. Agree c. Neutral d. Disagree e. Strongly Disagree

CONNECTED

b. Strongly Agree b. Agree c. Neutral d. Disagree e. Strongly Disagree

Please explain or list additional improvement concepts for consideration: _____

Please use the attached Improvement Concepts handout to identify the proposed improvements you like best.

6. In general, how would you rate the Mobility and Connected Scenarios?

MOBILITY

c. Strongly Preferred b. Preferred c. Needs Improvement d. Dislike e. Strongly Dislike

CONNECTED

a. Strongly Preferred b. Preferred c. Needs Improvement d. Dislike e. Strongly Dislike

7. Please introduce yourself to our team:

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

E-mail _____

8. Please provide any additional comments you may have below:

Please return this form to the sign in table. If it is not completed before you leave, you may email a scanned copy of your comment form to BayfrontParkwayStudy@mtmail.biz or mail your comment form to:

Attn: Bayfront Parkway Study, c/o: McCormick Taylor, 1000 Omega Drive, Suite 1550, Pittsburgh, PA 15205