

COMMENT FORM

1. Contact Information: (Optional)

Name: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

2. What are your main interests/concerns related to the Mon-Oakland Mobility Project?

(Check all that apply)

<input type="checkbox"/>	Stormwater/Flooding	<input type="checkbox"/>	Park Preservation
<input type="checkbox"/>	Congestion	<input type="checkbox"/>	Noise
<input type="checkbox"/>	Transit Connections	<input type="checkbox"/>	Cost/Funding
<input type="checkbox"/>	Pedestrian/Bike Connections	<input type="checkbox"/>	Other: _____

3. What are your main geographic areas of concern related to the Mon-Oakland Mobility Project?

(Check all that apply)

<input type="checkbox"/>	Junction Hollow	<input type="checkbox"/>	Schenley Park
<input type="checkbox"/>	Four Mile Run	<input type="checkbox"/>	Greenfield
<input type="checkbox"/>	Hazelwood	<input type="checkbox"/>	Squirrel Hill
<input type="checkbox"/>	Oakland	<input type="checkbox"/>	Other: _____

4. Please note the primary ways in which you would use a trail through this area: (Check all that apply)

<input type="checkbox"/>	Bike	<input type="checkbox"/>	Walk
<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Commute
<input type="checkbox"/>	Family Recreation	<input type="checkbox"/>	Other: _____

Please add any other comments related to trail use:

5. Please list your preferences/comments related to TRAIL WIDTH/MATERIALS/LIGHTING:

6. Please list your concerns/comments related to PLACE-MAKING (Gathering Spaces, Active Spaces):

7. Please list your concerns/comments related to AMENITIES & PUBLIC ART (Wayfinding, Gateways):

8. Please list other general concerns/comments:

Please submit your completed comment form following the meeting or mail to Mon-Oakland Mobility Project, 1000 Omega Drive, Suite 1550, Pittsburgh, PA 15205 **before December 6, 2019.**