

AUGUST 31, 2023
PUBLIC INVOLVEMENT MEETING
COMMENT CARD

CITY OF DECATUR

TENNESSEE RIVER BRIDGE FEASIBILITY STUDY

NAME: _____ **DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Was the information at the public meeting presented in a way that was easy to understand? YES NO

Were the maps easy to read and understand? YES NO

If you answered no to either of the above, please explain what could be presented different in the future to make the information more understood:

Was the time and location of the public meeting convenient? YES NO

Do you support the process being shown in the Feasibility Matrix?
Fully Support Conditionally Support Do Not Support

If you conditionally support or do not support the process being shown in the Feasibility Matrix, please explain:

Please rank the following considerations from 1 to 5 in order of importance, with 5 being most important.

- | | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Environmental Impacts:
<small>(historic, wetlands, wildlife, floodplain, etc.)</small> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Multimodal/Accessibility Impacts:
<small>(bike trails, pedestrian, etc.)</small> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Right-of-Way Impacts:
<small>(industrial, residential, commercial, recreational, navigation, etc.)</small> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Cost: | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Safety: | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

continued on back

