Site Profile – Fall Fiscal Year 2018 Visitor Survey

1. Site name/designation (as it should appear on the survey form):						
2. State:						
3. Name of person completing this form:						
Phone # Email:						
4. Site contact (e.g. site manager or park ranger who will be responsible for survey administration):						
administration): Site contact Phone #: Site contact Email:						
5. Mailing address (For FedEx deliveries - No P.O. boxes please):						
6. What type of site is this? (Check all that apply) NCAMultiple UseLTVA National MonumentCampingNLCS WildernessWSREducation/Interp Ctr. Other:						
7. What is the estimated annual visitation at this site?						
8. Please describe the sites activities and uses.a. Primary Activities:						
b. Other Activities and Uses:						
9. Seasons of Use: (Check all that apply) SpringSummerFallWinter						
10. Please identify any unusual circumstances that may affect user attitudes or survey responses:						
11. Planned Dates for Survey to be administered (a maximum two-month period between October 1, 2017 and January 15, 2018): to						
Please continue to next page.						

interpretation/en	vironmental educ	cation; interim r	nanagement con	flicts? (Select one)	
Very Poor	Poor	Fair	Good	Very Good	
13. Are the facil	ities at the site ac	cessible to peop	ole with disabiliti	ies?	
14. If this is a fe	e site, please spec	cify all the fees	charged for the s	site.	
Please submit th David Baker at a		•	to:		

12. How do you rate the overall quality of *this* site, considering all of the following factors: supporting recreation use; condition of facilities; recreation information; staff service; and

Thank you in advance for your participation in the Fall FY2018 Visitor Satisfaction Survey.

If you have any questions or need additional information,

contact David Baker via email or at 303-236-6313.