## Site Profile – Fall Fiscal Year 2020 Visitor Survey

1. Site name/designation (as it sho	ould appear on the survey	form):		
2. State:				
3. Name of person completing thi	s form:			
Phone #				
4. Site contact (e.g. site manager of	or park ranger who will b	e responsible for sur	vey administration):	
Site contact Phone #:	Site contact	Email:	<del>-</del> 	
5. Mailing address (For FedEx del	liveries - No P.O. boxes p	please):		
6. What type of site is this? (Chec	* * * ·	I TO		
NCA National Monument	Multiple Use	LTV	A onal Conservation Land	de
Wilderness	WSR	Fduc	ation/Interp Ctr.	10
Other :				
7. What is the estimated annual vi	sitation at this site?			
8. Please describe the sites activities a. Primary Activities:				
b. Other Activities and Uses:				
9. Seasons of Use: (Check all that	* * * ·	F. 11	W	
Spring	_Summer	Fall	Winter	
10. Please identify any unusual circ	cumstances that may affe	ect user attitudes or s	survey responses:	
11. Planned Dates for Survey to be 2019 and January 15, 2020):		-		

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12. How do you rate the overall quality of <i>this</i> site, considering all of the following factors: supporting recreation use; condition of facilities; recreation information; staff service; and interpretation/environmental education; interim management conflicts? (Select one)								
Very Poor	Poor	Fair	Good	Very Good				
13. Are the facilities at the site accessible to people with disabilities?								
14. If this is a fee site, please specify <i>all</i> the fees charged for the site.								
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Please submit this completed form electronically to: Karla Rogers at knrogers@blm.gov

Thank you in advance for your participation in the Fall FY2020 Visitor Satisfaction Survey.

If you have any questions or need additional information,

contact Karla Rogers via email or at 303-236-6354.