either of these addresses,

The public report burden for this information collection is estimated to average 2 minutes per response, including the time for reviewing instructions, asarching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to Department of Devarions and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, Virginia 22202-4302, and the Office of Information Operation and Reports (or Notice of Management and Budget, Washington, D.C. 20503, Attn.: Desk Officer for U.S. Army Corps of Engineers. Respondents should be aware that notwithstanding any other provision of law, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please DO MOT RETURM your completed form to required to respond to, a collection of information unless it displays a currently valid OMB control number. Please DO MOT RETURM your completed form to



## Thank You!

Your thoughtful feedback today will help make future visits here more enjoyable and worthwhile for everyone.



## **Visitor Comment Card**

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Scheduled Sur  Day-Use	vey: Other Protocols  Solicited
☐ Camping	☐ Self-Service
☐ All Visitors	☐ Other
Today's Date:	///////////

Please neip us serve you better on future visits to:				roday's	Date:/	DD YYY	V)		
Recreation Area:	Pro	ject:			`		,		
Previous visits to this recreation area:  1. Is this your first visit to this recreation area? (Choose one) Yes No Not Sure  2. If not, how many other times have you visited this area in the last 12 months? (Enter number)	Did you do a visit? ( <i>Checa</i>	of park facilities at this area: you do any of the following at this recreation area during your current? (Check all that apply)  Stay overnight in campground Use restrooms or showers Use swimming beach Use a recreational trail Use picnic facilities Use boat or facilities at a marina Launch a boat Other:							
Visitor fees:  During your current visit:  1. Did you use a Golden Age, Golden Access or Annual Day-Use Pass to offset the fees charged at this area? (Choose one)  ☐ Yes ☐ No ☐ Not Sure  2. Did you pay a fee to enter or use this area? (Choose one) ☐ Yes ☐ No ☐ Not Sure	About yourself:  1. Home postal (ZIP) code:								
For your current visit to this area, please indicate your level	of satisfaction	with each o	of the follo	Not Good Not Poor	Check one Poor	box for eac Very Poor	Does Not		
Facilities: Suitability of park facilities for my recreational equipment a Restroom cleanliness and availability of conveniences Appearance of park grounds Adequacy of signs providing directions and information Parking space availability during this visit Condition of roads and parking areas in the park Employees: Availability of park rangers and staff Helpfulness of park rangers and staff Environmental Setting: Attractiveness of surrounding scenery and landscape Quality of land and water resources for my activities Overall: Waiting times needed to access park facilities and services Feeling of safety and security in the park Value received for any visitor fees paid Overall satisfaction with my visit to this area	nd activities						Apply		
What did you <b>like most</b> about this area? (Describe)									

What improvements would you like to see in this area? (Describe)