PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

reviewing the collection of information. Send comments regarding this burden, including suggestions for reducing Send comments regarding this burden to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information and Regulatory Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, Attn.: Desk Officer for U.S. Army Corps of Engineers. Affairs, Office 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.

The public report burden for this information collection is estimated to average three minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and

US Army Corps of Engineers Agency Disclosure Notice



Thank You!

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

Are you interested in learning more about recreation opportunities on Corps of Engineers lakes? Visit our website at www.CorpsLakes.us



Visitor Comment Card

We would like to know about your visit. **Your response is voluntary and not required.** This information will be used to improve the quality of information, facilities, and services at this recreation area.

| OMB Approval 0710-0001 | | | | | | |
|------------------------|------------------|--|--|--|--|--|
| Scheduled Survey: | Other Protocols: | | | | | |
| ☐ Day-Use | ☐ Solicited | | | | | |
| ☐ Camping | ☐ Self-Service | | | | | |
| ☐ All Visitors | ☐ Other | | | | | |
| Today's Date: | // | | | | | |
| | (MM DD YYYY) | | | | | |

| Please hel | p us serve | you better on | future visits to |
|------------|------------|---------------|------------------|
| | | | |

| Recreation Area: | Pro | ject: | | | | | | | |
|---|---|--------------|-----------|----------------------|------|--------------|-------------------|--|--|
| Previous visits to this recreation area: 1. Is this your first visit to this recreation area? (Choose one) | Use of park facilities at this area: Did you do any of the following at this recreation area during your current visit? (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 | | | | | | | | |
| How did you hear about this recreation area? (check all that apply) | did you hear about this recreation area? | | ch a boat | | | □ Other | | | |
| □ Family/Friend □ Map/brochure □ www.corpslakes.us □ www.recreation.gov □ www.reserveamerica.com □ Other website □ Highway/Road Signs □ info/staff at local business □ Info/staff at local motel □ Newspaper/magazine article □ School class/program □ Welcome center/chamber of commerce Visitor fees: 1. Did you use a Senior Pass, Access Pass or Annual Day-Use | About yourself: 1. Home postal or ZIP code: (write in) (Choose one for each item below) 2. You live in: □ U. S. □ Canada □ Mexico □ Other 3. Age: □ Under 25 □ 25-44 □ 45-61 □ 62+ 4. Gender: □ Female □ Male 5. Ethnicity affiliation: □ Hispanic or Latino □ Not Hispanic or Latino 6. Racial affiliation: | | | | | | | | |
| Pass to offset the fees charged at this area? (<i>Choose one</i>) □ Yes □ No □ Does Not Apply 2. Did you pay a fee to enter or use this area during your current visit? (Ch <i>oose one</i>) □ Yes □ No □ Not Sure | □ American Indian or Alaska Native □ Asian or Asian American □ Black or African American □ Native Hawaiian or other Pacific Islander □ White or Caucasian □ Bi-racial or Multi-racial □ Other | | | | | | | | |
| For your current visit, please indicate your level of satisfac | ction with | | the follo | | | 1 | | | |
| Item | | Very Good | Good | Not Good Not Poor | DOOR | Very Poor | Does Not Apply | | |
| Facilities: Suitability of park facilities for my recreational equipment and 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 | activities | | | | | | | | |
| 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 your visit to this area | | | | | | | | | |
| What improvements would you like to see in this area? (Describe) What did you like most about this area? (Describe) | be) | | | | | | | | |