PLEASE DO NOT RESPOND TO THE ABOVE ADDRESS Responses should be directed t

The public reporting burden for this collection of information, 0710-0019, is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

AGENCY DISCLOSURE STATEMENT

OMB Control #:0710-0019, Exp: 02/28/2023

Thank You!

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worthwhile for everyone. tuture visits here more enjoyable and Your thoughtful teedback today will help make

|9KGS? recreation opportunities on Corps of Engineers Are you interested in learning more about

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.

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Scheduled Survey:	Other Protocols:				
🗌 Day-Use	□ Solicited				
Camping	□ Self-Service				
□ All Visitors	Other				
Today's Date:	(MM DD YYYY)				

Please help us serve you better on future visits to:

Recreation Area:

of Engineers

Project:

Previous visits to this recreation area:	Use of park facilities at this area:				
1. Is this your first visit to this recreation area? (Choose one) \Box Yes \Box No	Did you do any of the following <i>at this recreation area during your current visit?</i> (<i>Check all that apply</i>)				
2. If no, how many other times have you visited this area in the last 12 months? (<i>Enter number</i>)	 Stay overnight in campground Use swimming beach Use picnic facilities Use boat or facilities at a marina 				
How did you hear about this recreation area? (check all that apply)	□ Launch a boat □ Other				
□ Family/Friend □ Map/brochure □ www.corpslakes.us	About yourself:				
□ www.recreation.gov □ www.reserveamerica.com □ Other website □ Highway/Road Signs	1. Home postal or ZIP code: (<i>write in</i>)				
□ info/staff at local business □ Info/staff at local motel	(Choose one for each item below)				
□ Newspaper/magazine article □ School class/program	2. You live in: \Box U. S. \Box Canada \Box Mexico \Box Other3. Age: \Box Under 25 \Box 25-44 \Box 45-61 \Box 62+4. Gender: \Box Female \Box Male				
□ Welcome center/chamber of commerce					
Visitor fees:	5. Are you Hispanic or Latino? Yes No				
1. Did you use a Senior Pass, Access Pass or Annual Day-Use	6. What is your Race? (<i>Mark one or more</i>)				
Pass to offset the fees charged at this area?	□ American Indian or Alaska Native □ Asian				
(<i>Choose one</i>) □ Yes □ No □ Does Not Apply	□ Black or African American □ White				
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	Native Hawaiian or other Pacific Islander				

For your current visit, please rate each of the following: (*Check one box for each item*)

Item	Very Good	Good	Not Good Not Poor	Poor	Very Poor	Does Not Apply
Facilities:						
Suitability of park facilities for my recreational equipment and activities						
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 your visit to this area						

What improvements would you like to see in this area? (Describe. Do not provide personally identifiable information (PII)