

State Trail Plan Round 1 Public Meeting Survey

Please return completed survey to scadcplanning@adss.alabama.gov or fax to 334-272-4088.

Please Print Clearly. Personal information is optional and is requested only to clarify responses, if necessary.

Name		Phone:	
Address		E-Mail:	
1. In FIVE words or less, state a vision for Alabama's Trail System.			
2. What are the THREE most important goals that you would like to see accomplished through implementation of the State of Alabama's implementation of the Recreational Trails Program?			
a.			
b.			
c.			
3. What do you feel are the THREE greatest trail needs across the State of Alabama?			
a.			
b.			
c.			
4. What do you feel is the ONE greatest trail need in your area?			
5. What do you feel is the ONE greatest benefit of a state trail system?			
6. What do you feel are the THREE most significant barriers to citizen trail use?			
a.			
b.			
c.			
7. What do you feel are the THREE most significant issues that need to be addressed in the development of the Alabama Trail Plan?			
a.			
b.			
c.			
8. Would you support the development of State certification standards for inclusion of a trail on the Alabama Trail System?		Yes	No
9. Please use the space below (or the back of this page, if necessary) to provide comments on any items that you feel have not been addressed?			