COMMENT FORM

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bicycle	re looking for your in es and pedestrians. Following questions. You	Please help us de	etermine importa	nt issues to co	nsider during this stu	udy by taking a fev	v minutes to answer	
1.	On which road do	vou live?						
	Randall Blvd	☐ Oil We	II Rd	Everglades	Blvd Do	eSoto Blvd	Other	
2.	Do you consider yourself to be a "year-round" or "seasonal" resident? Year-round resident Seasonal resident							
3.	What is the most important issue on Randall Blvd that should be addressed?							
	Congestion	Safety	Poor lightii	ng □S	peeding vehicles	Lack of sid	dewalks/ bike lanes	
4.	Where should the County invest funds for transportation improvements? ☐ Additional travel lanes to existing roads ☐ Improve bicycle and pedestrian facilities							
	☐ Improve existing	intersection	☐ New ro	ads with impro	oved connectivity	Transit		
5.	Considering all op Alternative 1 - New Alignment - 4 Lane Randall	□Al : - 6	ce safety, traffic ternative 2 Lane Randall Bl Lane Everglade	vd -6 s Blvd -4	and right-of-way in ernative 3 Lane Randall Blvd Lane Everglades Blv Lane Desoto Blvd	Alternative - 6 Lane Ra	4	
6.	Which of the Typical Sections for Randall Blvd would you prefer?							
	☐ Urban (roadway with curb and gutter)				☐ Suburban (roadway without curb and gutter)			
7.	What is the most in	mportant impro	vement to Rand	dall Blvd for t	he County to add?			
	☐ Bike lanes	Curb and	gutter	Landscapin	g Lightii		ared-use pathways d sidewalks	
8.	In the space provide Road Corridor Stu						and Oil Well	





Name	Please return comments to: Growth Management Department			
Address	Attn: Connie Deane, Community Liaison 2885 Horseshoe Drive South			
City, State, Zip	Naples, FL 34104			
Phone Number	You may also send your comments via e-mail to: Connie.Deane@colliercountyfl.gov			
Email	Or FAX to 239- 252-2726			
Please provide your comments below. If more space is neede				
your comments in the "Comment Box" provided at the meeting Monday, June 4, 2018. E-mailed comments are also accepted	·			
Evaluation				
	neeting clearly explained? If not, what additional			
information do you need to know?				
Yes No 2. What additional information or concer	rns would you like us to know?			
Yes No 3. Was the facility appropriate for this m	neeting?			
Yes No 4. Was this meeting productive?				
Yes No 5. Was the format of this meeting effect	ive?			