



DOWNTOWN STREETScape QUESTIONNAIRE

Thank you for participating in the Downtown Streetscape Project. We welcome your feedback as we proceed towards construction! To help us plan for and minimize impacts to businesses and residents during construction, please share:

If you operate a business along Commerce, what is your business name and address?

What are your regular and peak business hours?

What are your customer's access needs?

Do you have an alternate access available to your business? Please detail.

If you coordinate a special event along Commerce, please provide a description, date(s), approximate location and any critical access needs.

Do you have any other comments or concerns about the upcoming construction?

Do you want to receive regular email updates about the project? Yes No

<p>Your contact information:</p> <p>Name: _____</p> <p>Business: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Preferred contact: Phone <input type="checkbox"/> Email <input type="checkbox"/></p>	<p>Please return this form to:</p> <p>Amy Blain, City Project Manager PO Box 128 / 1525 Broadway Longview, WA 98632</p> <p>Main: 360.442.5200 Direct: 360.442.5206 amy.blain@ci.longview.wa.us</p>
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