



PUBLIC INPUT

SIDEWALK STRATEGIC PLAN PROJECT

CITY OF CLEAR LAKE, IOWA

PLEASE PROVIDE YOUR INPUT BY ANSWERING THE FOLLOWING QUESTIONS:

1 Which age group do you belong to?
 <20 21-35 36-55 56-70 70+

2 Which ward do you live in?
 1 2 3

3 How often do you use a Public Sidewalk?
 Never 1 - 4 Times Per Month 11 - 29 Times Per Month
 5 - 10 Times Per Month 30+ Times Per Month

4 Prioritize the Pedestrian Destinations that are important to you: (Circle one priority level for each destination noted below)

Schools: (Low) 1 2 3 4 5 (High)	Libraries: (Low) 1 2 3 4 5 (High)
Parks: (Low) 1 2 3 4 5 (High)	Activity Centers: (Low) 1 2 3 4 5 (High)
Downtown Business District: (Low) 1 2 3 4 5 (High)	(Senior Centers, etc.)
Surf Ball Room District: (Low) 1 2 3 4 5 (High)	Attractions: (Low) 1 2 3 4 5 (High)
Churches: (Low) 1 2 3 4 5 (High)	(Art Center, etc.)
Sports & Recreation Facilities: (Low) 1 2 3 4 5 (High)	Other: _____: (Low) 1 2 3 4 5 (High)
Shopping & Stores: (Low) 1 2 3 4 5 (High)	
Restaurants & Bars: (Low) 1 2 3 4 5 (High)	

5 Prioritize your concerns when using Public Sidewalks: (Circle one priority level for each concern noted below)

Road is Curvy: (Low) 1 2 3 4 5 (High)	Proximity of Sidewalk to Road: (Low) 1 2 3 4 5 (High)
Road is Poorly Lit: (Low) 1 2 3 4 5 (High)	Tripping Hazards: (Low) 1 2 3 4 5 (High)
High Vehicle Traffic Volume: (Low) 1 2 3 4 5 (High)	Obstacles Next to Sidewalk: (Low) 1 2 3 4 5 (High)
Vehicle Speed: (Low) 1 2 3 4 5 (High)	Crosswalk Missing: (Low) 1 2 3 4 5 (High)
Overhead Clearance: (Low) 1 2 3 4 5 (High)	Handicap Access & Ramps: (Low) 1 2 3 4 5 (High)
Dogs: (Low) 1 2 3 4 5 (High)	Parked Vehicles on Sidewalk: (Low) 1 2 3 4 5 (High)
Missing Sidewalk Segments: (Low) 1 2 3 4 5 (High)	Other: _____: (Low) 1 2 3 4 5 (High)
Roadway Intersections: (Low) 1 2 3 4 5 (High)	
Ponding Water on Sidewalk: (Low) 1 2 3 4 5 (High)	
Snow and Ice Removal: (Low) 1 2 3 4 5 (High)	

6 Prioritize why Public Sidewalks are important to you: (Circle one priority level for each reason noted below)

Walk / Run for Exercise: (Low) 1 2 3 4 5 (High)	Walk to Social Events: (Low) 1 2 3 4 5 (High)
Walk Dog: (Low) 1 2 3 4 5 (High)	Walk to Visit Neighbors / Friends: (Low) 1 2 3 4 5 (High)
Walk with Children: (Low) 1 2 3 4 5 (High)	Other: _____: (Low) 1 2 3 4 5 (High)
Walk to Work: (Low) 1 2 3 4 5 (High)	
Walk to School: (Low) 1 2 3 4 5 (High)	
Walk to Attractions: (Low) 1 2 3 4 5 (High)	
Walk to Shop: (Low) 1 2 3 4 5 (High)	
Walk to Church: (Low) 1 2 3 4 5 (High)	
Walk to Dine / Drink: (Low) 1 2 3 4 5 (High)	

Continued on Back

Prioritize what you feel is important in Assessing and Prioritizing Sidewalk

Maintenance and Improvements: (Circle one priority level for each criteria noted below)

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|---|---|
| Sidewalk Condition: (Low) 1 2 3 4 5 (High) | Ease of Implementation: (Low) 1 2 3 4 5 (High) |
| Sidewalk Width: (Low) 1 2 3 4 5 (High) | Benefit / Cost Analysis: (Low) 1 2 3 4 5 (High) |
| Sidewalk Location: (Low) 1 2 3 4 5 (High) | Lack of Continuous Standard Sidewalk Facilities: (Low) 1 2 3 4 5 (High) |
| Vehicle Traffic Volume: (Low) 1 2 3 4 5 (High) | Other: _____: (Low) 1 2 3 4 5 (High) |
| Speed of Traffic: (Low) 1 2 3 4 5 (High) | |
| Connectivity to Destination: (Low) 1 2 3 4 5 (High) | |
| Safety: (Low) 1 2 3 4 5 (High) | |

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Should the City increase the standard public sidewalk width from 4' wide to 5' wide?

Yes No

9

Focusing on the City's sidewalk network please identify the locations where there are problems for pedestrians. Please note the nature of the problem and the location as accurately as possible (e.g., street address or intersection).

10

Please provide any additional information you feel might aid in the development of the City's Strategic Sidewalk Plan:

Name _____
(Optional)

Address _____
(Optional)

**PLEASE RETURN THIS FORM AT THE END OF TONIGHT'S MEETING
OR TO CITY HALL BY NO LATER THAN APRIL 11, 2014.**