Lower King Street Concepts Comment Form

Your comments are very important to us. Please share your ideas with us by completing this sheet and returning it at the end of the meeting.

Your affiliation (check all that apply):

- ☐ Old Town Business Owner
- ☐ Old Town Resident
- ☐ Alexandria Resident
- ☐ Waterfront Commissioner
- ☐ Other_____

Rank the project goals in order of importance (1st to 5th):

____ Increase Walking Space
____ Increase Outdoor Dining and Retail
____ Provide Direct and Efficient Trolley Service
____ Minimize Impacts to Residential Streets
____ Improve User Comfort at Intersections

Do you think there are any goals missing? If so, what?

_____
_____
_____
_____
_____

What do you like and dislike about the following functional options:

	Likes	Dislikes
Open to All Users	_____	_____
	_____	_____
Pedestrian & Trolley	_____	_____
	_____	_____
Pedestrian Only	_____	_____
	_____	_____

What do you think of the following design options (circle one number per line):

	Like		Neutral		Dislike	Why?
Existing	5	4	3	2	1	_____
Wider Sidewalks	5	4	3	2	1	_____
Flush Street	5	4	3	2	1	_____

How comfortable are you with the following options (circle one number per line):

	Comfortable		Neutral		Uncomfortable	Why?
Seasonal Closure	5	4	3	2	1	_____
Weekend Closure	5	4	3	2	1	_____
Full-Time Closure	5	4	3	2	1	_____

Additional Comments: