

ADDRESS: _____

DATE AND TIME

PARK # _____

How would you rate the overall appearance of our parks?

Very good

Good

Fair

Poor

What improvement, if any, is required. _____

Do you feel there is adequate plant life in our parks?

Yes

No

If no, what would you like to see in the future? _____

Should healthy trees/shrubs be trimmed or removed to preserve views?

Yes

No

Comments _____