

Thank you for your interest in the Ocean Avenue Corridor Design Project. Please take a few minutes to complete this feedback form.

**1. Generally what brings you to this stretch of Ocean Avenue (Phelan Ave to San Jose Ave)?** (Check all that apply)

Live  Work  School  Shopping  Transit Stop  Other (please specify) \_\_\_\_\_

**2. How do you typically get here?** (Check your primary mode of transportation)

Walk  Bike  MUNI bus or light rail  Bart  Drive  Other (please specify) \_\_\_\_\_

**OCEAN & GENEVA:**

**3. When you walk from the Balboa Park Station to the Ocean Avenue Commercial Corridor or to City College, which street do you generally chose?**

Ocean Avenue  Geneva Avenue  Not applicable

**4. Why do you choose this street?**

Clean  Convenient route  Feels safe from crime  
 Feels safe from traffic  Feels safe from traffic speeds  Enough time to cross the street  
 Lighting  Greenery/Landscaping  
 Other (please specify) \_\_\_\_\_

**CCSF/OCEAN AVE PEDESTRIAN BRIDGE:**

**5. Generally how satisfied are you with the pedestrian bridge?**

Very satisfied  somewhat satisfied  Somewhat unsatisfied  Very Unsatisfied

**6. Please list up to three ways your experience using the pedestrian bridge could be improved.**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PHELAN/OCEAN/GENEVA INTERSECTION:**

**7. Generally how satisfied are you with your experience crossing this intersection?**

Very satisfied  somewhat satisfied  Somewhat unsatisfied  Very Unsatisfied

**8. Please list up to three ways your experience crossing this intersection could be improved.**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**OCEAN AVENUE FROM PHELAN AVENUE TO SAN JOSE AVENUE:**

**9. Which of the following amenities would improve your experience along Ocean Avenue between Phelan Ave and San Jose Ave?** ( Check all that apply and circle your top priority)

- |  |   |
|--|---|
| <input type="checkbox"/> Bicycle Improvements / Bike Racks                                 | <input type="checkbox"/> Greening / Landscaping<br>(street trees, sidewalk landscaping, rain gardens, permeable paving) |
| <input type="checkbox"/> Safer intersection improvements<br>(corner bulb-outs, curb ramps) | <input type="checkbox"/> Better lighting for pedestrians  |
| <input type="checkbox"/> Places to sit along the way                                       | <input type="checkbox"/> Wider Sidewalks  |
| <input type="checkbox"/> Other (please specify) _____                                      |   |

**ADDITIONAL COMMENTS:**

**10. Please use the space below to provide any additional comments**

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**Thank you for your input and feedback!**

Name (optional): \_\_\_\_\_

Home Address or Intersection (optional): \_\_\_\_\_ Zip Code: \_\_\_\_\_