How do you use the transportation system in the study area?

I live here                      I work here                      I commute through
I patronize adjacent businesses   Other ____________________________

Please provide feedback regarding the initial (Level 1) and comparative (Level 2) alternatives screening. Do you agree with the screening results?


What are your suggestions to optimize benefits and minimize impacts of the action alternatives being carried forward (Alternative 3 and Alternative 5)? Which design elements should be included in the study recommendations?

Parker Road/Quincy Avenue Intersection:


Smoky Hill Road/Quincy Avenue Intersection:


Bicyclist/Pedestrian Treatments:
Which treatments below would make it most comfortable to walk or ride at the study intersections? What other intersection improvements would enhance your comfort and safety as a bicyclist or pedestrian?

- Signal phasing/timing changes
- Enhanced crosswalks
- Curb ramps
- Sidewalk improvements
- Raised crossings
- Wayfinding signage
- Other ________________________________
Please provide general suggestions and comments regarding this transportation study.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How did you hear about this meeting?

____ Received postcard mailer
____ Email from project team
____ Saw meeting flyer on display
____ City or County’s email blast/social media
____ News story (Sentinel or Aurora TV)
____ Word of mouth/Forwarded email
____ Other ______________________

NAME: __________________________________________________________
ADDRESS: _______________________________________________________
CITY, STATE, ZIP: _________________________________________________
PHONE #: _________________________________________________________
EMAIL: ___________________________________________________________

Return To: Leah Langerman
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Visit the project web page to submit a comment and learn more:
www.auroragov.org/parkerquincystudy

Thank you for your participation!