PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93‑579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquires on information maintenance to your IPA Officer.

The following items should be considered when developing a questionnaire for persons who might be impacted by the proposed highway project.

Right of Way and Environmental should agree on the following:

1. Who will be contacted to complete the questionnaire?

2. Who will contact the persons?

3. Will the questionnaire be handed out in person at the public hearings, made available by calling a phone number, or mailed to all persons within the proposed right of way (primary or all alternatives)?

4. Should the questionnaire be completed at the draft or final stage?

The questionnaire should identify:

1. Why the information is needed.

2. Who must complete it.

3. Who should be contacted for questions.

4. When it is due back and where.

GENERAL INFORMATION TO BE OBTAINED FROM ALL PERSONS COMPLETING THE QUESTIONNAIRE

|  |  |
| --- | --- |
| Project Information: |  |
|  |  |
| Purpose of Project: |  |
|  |  |
| Environmental Review Period: |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of person (completing form): |  |  | Type of Unit: |
| Address: |  |  | Residential |
|  |  |  |  | Single Family Residence [ ]  |
| City, State Zip Code: |  |  |  | Multi‑Residential [ ]  |
|  |  |  |  |  | Type |  |  |
|  |  |  |  |  |  |  |
| Telephone Numbers: |  |  | Mobile Home [ ]  |
|  |  |  | Vacant Land [ ]  | Business [ ]  |
|  |  |  | Farm [ ]  | Nonprofit Organization [ ]  |

|  |  |
| --- | --- |
| RESIDENTIAL: |  |
| 1. | Are you a renter? [ ]  |  |  | or owner? [ ]  |  |
| 2. | If you are a renter, what is your monthly rent? |  |  |
| 3. | What utilities or other items are contained in current rent? |  |  |
| 4. | Number of persons who reside at the residential unit |  |  |
| 5. | Does anyone have special needs (e.g., elderly, handicapped, education)? If so, please identify the need: |
|  |  |  |
|  |  |  |
| 6. | What is the primary language spoken in your home? |  |  |
| 7. | What is the primary mode of transportation to: |
|  |  [ ]  Schools | (Car [ ]  Bus [ ]  Walk [ ]  Other [ ] ) |  |
|  |  [ ]  Employment | (Car [ ]  Bus [ ]  Walk [ ]  Other [ ] ) |  |
|  |  [ ]  Medical Facilities | (Car [ ]  Bus [ ]  Walk [ ]  Other [ ] ) |  |
| 8. | What is the distance to household members’ place of work? |
|  | Head of household: | ( |  | Miles) |  |  | Minutes |
|  | Other members of household: |  |  |  |  |  |  |
|  |  | ( |  | Miles) |  |  | Minutes |
|  |  | ( |  | Miles) |  |  | Minutes |
|  |  | ( |  | Miles) |  |  | Minutes |
|  |  | ( |  | Miles) |  |  | Minutes |
| 9. | Check the major source of combined household income: |
|  | Employment |  |  | Other pensions |  |  |
|  | Self‑employment |  |  | Public assistance |  |  |
|  | Social Security |  |  | Other |  |  |
| 10. | What is the combined gross income for the household from all sources: |
|  | *(Establish appropriate ranges for low and high income based on the census information for the displacement area and replacement area)* |
|  |  |  |
|  |  |  |
|  |  |

**BUSINESS RELATED QUESTIONS**:

|  |  |
| --- | --- |
| Local Executive Officer: |  |
| Contact Person: |  |  | Position: |  |

|  |  |
| --- | --- |
| **1.** | **Type of Establishment – some examples might be:** |
|  | a) | Construction |  |  | f) | Finance/insurance/real estate |  |
|  | b) | Manufacturing |  |  | g) | Services |  |
|  | c) | Transportation/public utilities |  |  | h) | Government/nonprofit |  |
|  | d) | Wholesale trade |  |  | i) | Other |  |
|  | e) | Retail trade |  |  | j) | Produce |  |

|  |  |
| --- | --- |
| **2.** | **Operation Status** |
|  | Occupancy: | Owner |  |  | Tenant |  |
|  | Franchise: | Yes [ ]  | No [ ]  |  | Name |  |
|  | Number of years in business |  |  | Term of lease |  |
|  | Lease years remaining |  |  | Monthly rental rate |  |
|  | Yearly gross revenues |  |  | Monthly payroll |  |

|  |  |
| --- | --- |
| **3.** | **Physical Features - some examples might be:** |
|  | a) | Facilities: | Sq. Footage |  |
|  |  | Office  |  |  |
|  |  | Retail  |  |  |
|  |  | Warehouse  |  |  |
|  |  | Manufacturing  |  |  |
|  |  | Other  |  |  |
|  |  | TOTAL  |  |  |
|  | b) | Business improvements (other than basic land and building: |
|  |  | Machinery  | Yes [ ]  | No [ ]  |  |
|  |  | Walls, partitions, etc.  | Yes [ ]  | No [ ]  |  |
|  |  | Other (Specify) |  |
|  |  |  |  |

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| --- | --- | --- |
| **4.** | **Company’s annual average number of employees:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5.** | **Does your firm employ any handicapped persons?** | Yes [ ]  | No [ ]  |  |
|  | Type of handicap |  |
|  | Special provisions |  |

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| --- | --- |
| **6.** | **Marketing Area** |
|  | A) | Direct to public only (on‑site) | Yes [ ]  | No [ ]  |  |
|  | B) | Local, within city only | Yes [ ]  | No [ ]  |  |
|  | C) | Other locales |  |
|  |  |  |  |

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| --- | --- |
| **7.** | **Relocation Preferences** |
|  | A) | Must be in immediate area? | Yes [ ]  No [ ]  | Reason: |  |
|  | B) | Within the city/county? | Yes [ ]  No [ ]  | Reason: |  |
|  | C) | Other specific locations |  |
|  | D) | Would company consider: |
|  |  | 1. | Building a new building? | Yes [ ]  | No [ ]  |  |
|  |  | 2. | Relocating to an industrial park? | Yes [ ]  | No [ ]  |  |
|  |  | 3. | Expanding at new location? | Yes [ ]  | No [ ]  |  |
|  |  | 4. | Other? (Specify) |  |
|  |  |  |  |  |
|  | E) | New facility should include: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | 1. | Office | Yes [ ]  | No [ ]  |  |  | sq ft |
|  |  | 2. | Retail | Yes [ ]  | No [ ]  |  |  | sq ft |
|  |  | 3. | Warehouse | Yes [ ]  | No [ ]  |  |  | sq ft |
|  |  | 4. | Manufacturing | Yes [ ]  | No [ ]  |  |  | sq ft |
|  |  | 5. | Other (Specify) | Yes [ ]  | No [ ]  |  |  | sq ft |
|  |  |  |  |

EXAMPLES of additional questions to obtain specific information needed for the RID, CIA, or EID reports:

|  |  |  |
| --- | --- | --- |
| 1. | How long have you lived in this area? |  |

|  |  |
| --- | --- |
| 2. | What type of home do you live in? |
|  | Single family residence |  |  | Condominium |  |
|  | Duplex |  |  | 2‑4 unit apartment |  |
|  | 5 or more unit apartment |  |  | Subsidized housing (Sec. 8) |  |
|  | Hotel/motel |  |  | Rooming house |  |
|  | Mobile home |  |  | Other |  |
|  | Senior complex |  |  | Trailer |  |
|  | Farm house on large acreage |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. | How many bedrooms are in your unit? |  |  | How many rooms are in your unit? |  |

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| --- | --- |
| 4. | IF YOU RENT: |
|  | How much is your monthly rent? |  |
|  | Are gas and electricity included in your rent? |  |
|  | Is water included in your rent? |  |
|  | Does the landlord own the furniture? |  |
|  | Do you receive a rent subsidy? |  |

|  |  |
| --- | --- |
| 5. | IF YOU OWN: |
|  | How much is your monthly mortgage payment? |  |
|  | What is the approximate mortgage balance? |  |
|  | What portion of the mortgage is paid? (Check one) |  |
|  | a) | Less than 1/4 [ ]  | b) | 1/4 [ ]  | c) | 1/2 [ ]  | d) | 3/4 [ ]  | e) | All paid [ ]  |
|  | What is the interest rate on your mortgage? |  |

|  |  |
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| 6. | If you choose to stay in this neighborhood, is it because: (Indicate preference 1, 2, 3, etc. – number 1 being the most important) |
|  | a) |  |  | High cost of housing elsewhere |
|  | b) |  |  | My job is nearby |
|  | c) |  |  | Convenient to shopping |
|  | d) |  |  | Close to schools |
|  | e) |  |  | I like the house |
|  | f) |  |  | I like the neighborhood |
|  | g) |  |  | My friends and relatives are nearby |
|  | h) |  |  | Close to church |
|  | i) |  |  | Public transportation available |
|  | j) |  |  | Only place available |
|  | k) |  |  | Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7. | If you were to move from this address, would you prefer to: |  | a) Buy [ ]  |  | b) Rent [ ]  |

|  |  |
| --- | --- |
| 8. | Would you prefer to move from this address into a: (Please check one) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | a) | House |  |  | e) | Rooming house |  |  |
|  | b) | Duplex |  |  | f) | Mobile home |  |  |
|  | c) | Apartment |  |  | g) | Other |  |  |
|  | d) | Condominium |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 9. | If you were to move, what area would you prefer? Briefly state the reason for your choice (e.g., commute distance, schools, medical facilities, neighborhood, closeness to family). |
|  |  |
|  |  |