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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COUNTY** | | | | | **ITEM NO.** | | **PARCEL** | **RELOCATION AGENT’S NAME** | | |
|  | | | | |  | |  |  | | |
| **PROJECT NO.** | | | | | **FEDERAL NUMBER** | | | **PROJECT** | | |
|  | | | | |  | | |  | | |
| **MAIL TO: 200 Mero Street, 5th Floor East, Frankfort KY 40622** | | | | | | | | | | |
| The Kentucky Department of Highways is conducting a survey to determine how well we are doing our job. Your opinion is important, so please take a few minutes to complete this survey and return it in the postage paid envelope. | | | | | | | | | | |
| PLEASE ANSWER THE FOLLOWING QUESTIONS | | | | | | | | | | |
|  | **YES** | **NO** | |  | | | | | | |
| **1.** |  |  | | Were meetings between you and the relocation agent arranged at your convenience? | | | | | | |
| **2.** |  |  | | Did the agent you worked with clearly explain the relocation assistance program? | | | | | | |
| **3.** |  |  | | Were you given the booklet, *Your Benefits as a Highway Displacee*? | | | | | | |
| **4.** |  |  | | Did you receive a letter that described the relocation benefits available to you, and the requirements for you to be eligible for those benefits? | | | | | | |
| **5.** |  |  | | Did that letter also guarantee you at least 90 days in which to relocate? | | | | | | |
| **6.** |  |  | | Did the relocation assistance agent respond to your concerns and questions in a timely manner? | | | | | | |
| **7.** |  |  | | Was the agent courteous and helpful? | | | | | | |
| **8.** |  |  | | Do you feel the agent was knowledgeable of the relocation assistance program? | | | | | | |
| **9.** |  |  | | Did you receive a written, 30-day notice to vacate? *(If you moved in less than 60 days, please mark “DNA” in Number 9.)* | | | | | | |
| **10.** |  |  | | Were relocation payment*(s)* made within the time period explained by the relocation agent? | | | | | | |
| **Overall, how would you rate the way your relocation was handled? *(Check One*)** | | | | | | | | | | |
|  | | | Poor | | | Fair | | Good | Excellent |  |
|  | | |  | | |  | |  |  |  |
| Please feel free to make any comments about your relocation, or how we might improve our handling of the relocation assistance program. *(Use the back, if necessary, for additional comments)* | | | | | | | | | | |
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| We appreciate you taking time to give us your opinion. | | | | | | | | Your name *(optional)* | | |