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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)* |