



RELOCATION ASSISTANCE OPINION SURVEY

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.	<input type="checkbox"/>	<input type="checkbox"/>	Were meetings between you and the relocation agent arranged at your convenience?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Did the agent you worked with clearly explain the relocation assistance program?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Were you given the booklet, <i>Your Benefits as a Highway Displacee</i> ?
4.	<input type="checkbox"/>	<input type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>	Did that letter also guarantee you at least 90 days in which to relocate?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Did the relocation assistance agent respond to your concerns and questions in a timely manner?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Was the agent courteous and helpful?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Do you feel the agent was knowledgeable of the relocation assistance program?
9.	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a written, 30-day notice to vacate? <i>(If you moved in less than 60 days, please mark "DNA" in Number 9.)</i>
10.	<input type="checkbox"/>	<input type="checkbox"/>	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)*

We appreciate you taking time to give us your opinion.

_____ Your name *(optional)*