



SR 531/40th Ave NE Intersection Project

Thank you for filling out this survey and telling us more about you. All questions are optional to answer. After the survey is completed, please return by mail to the City of Arlington using the preaddressed envelope.

Resident Contact Information

Please fill out this section and any applicable questions below if you are a resident living nearby the project area.

Name:	Main phone:
Street address:	Email address:

Business Contact Information

Please fill out this section and the questions below if you are an employee or owner of a business in the project area.

Business name:	Organization type:
Street address:	Main phone:
Interviewee:	
Business owner:	
Property owner:	
Approximate number of employees:	
Primary contact, if not business owner:	
Title:	
Email:	
Phone:	
Secondary contact:	
Title:	
Email:	
Phone:	

Survey

1. How do you prefer we communicate with you? (*Check all that apply*)

- Email
- Phone
- Website updates
- Direct mail

2. Would you and/or your employees prefer to receive materials in a language other than English?

- No
- Yes – please describe: _____

3. Current hours of operation (*Fill in the blank*):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

4. Busiest months of the year (*Please select top three*):

- | | | |
|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Jan. | <input type="checkbox"/> May | <input type="checkbox"/> Sept. |
| <input type="checkbox"/> Feb. | <input type="checkbox"/> June | <input type="checkbox"/> Oct. |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> Nov. |
| <input type="checkbox"/> April | <input type="checkbox"/> Aug. | <input type="checkbox"/> Dec. |

5. Does your business have special access needs (i.e. driveway access, alleyway access, emergency vehicle parking)?

- No
- Yes, please describe:

6. Does your business have specific accessibility accommodations that need to be maintained?

- No
- Yes, please describe:

7. Delivery information (*Fill in the blank*):

- a) Average number of deliveries per week: _____
- b) Typical delivery hours: _____
- c) Typical delivery days: _____
- d) Typical truck size and loading zone used (Street, City, Zip Code): _____
- e) Size of deliveries (in lbs.): _____
- f) Do deliveries need authorized access? (Check one):
 - Yes
 - No
- g) Other - Please describe: _____

8. Additional information about the property you would like us to know about:

9. Operational changes as it relates to access needs due to the COVID-19 pandemic (i.e. customers currently only use drive-thru to pick up order):

10. What are things we should keep in my mind, either specific to your business or about the community as we build this project?

11. Questions or concerns:

Thank you for completing this survey!

If you have any questions or would like to request a project briefing from the team to learn more, please contact Katy Shores at 360-403-3506 or email kshores@arlingtonwa.gov.

Additional project information and materials are available on the City's webpage: <https://www.arlingtonwa.gov/659/SR-53140th-Ave-Intersection>.