



## Town of Franklin New Parallel Parking Survey

1. Have you parked in the new parallel parking spots? **Yes or No**
2. If so, did you find it easy to do? **Yes or No**
3. If no, what *didn't* you like about the design?

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4. Please let us know your thoughts about the wider lanes:

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5. Have you used the crosswalks since the new design has been implemented? **Yes or No**
6. If so, did you find it easier or harder to cross the street?        easier **or**        harder
7. If you could make any changes to the design, what would it be?

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8. Additional comments or suggestions:

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone Number(s): \_\_\_\_\_

**Thank you for completing this survey.**