

Rooster River Watershed Action Plan Questionnaire

Name: _____ Organization: _____

Position: _____ E-mail: _____

Phone: _____ Cell Phone: _____

Street Address (for mailings): _____

1. What are your top five (or more) concerns/issues/priorities regarding the Rooster River Watershed?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

2. What would you most like to see as outcomes of the Rooster River Watershed Action Plan?

3. If you represent a municipality, do you see opportunities for the Watershed Action Plan to complement your efforts to improve the Rooster River water quality? Can you give specific examples?

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4. What can you or your organization provide to the Watershed Action Plan? (expertise, advice, in-kind services, etc.)

5. Are you interested in:

becoming a member of the Steering Committee Yes No
volunteering in watershed activities Yes No

Comments:

6. What other organizations, businesses, or individuals might be interested in providing input to the Rooster River Watershed Action Plan? (Please provide contact info if you have it – Thanks!)

7. Do you have any other ideas, advice or words of wisdom that might be helpful?

THANK YOU FOR YOUR TIME!