OMB Control No. <u>1006-00xx</u> Expiration Date: <u>xx/xx/xx</u>

Recreation Development Survey

Paperwork Reduction Act

The purpose of this survey is to provide information to the Bureau of Reclamation for evaluating and improving the recreation services and programs that it provides to the public. Response to this survey is voluntary. No action may be taken against you for refusing to supply the information requested. The reporting burden for this form is estimated to average 10 minutes, which includes the time for reviewing instructions and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid Office of Management and Budget (OMB) control number. Please direct comments regarding the burden estimate or any other aspect of these forms to the Bureau of Reclamation, Attention: Darrell Welch, 84-53000, PO Box 25007, Denver, CO 80225. Mr. Welch can also be contacted at 303-445-2711 or via e-mail at dwelch@do.usbr.gov.

Privacy Act Statement

No Privacy Act Information is being collected; therefore, no direct link to the individual(s) filling out this survey will be available. Information collected will be compiled to produce statistics.

RECREATION DEVELOPMENT SURVEY

		For aç	gency use only		
ake/reservoir/recreation area being surveyed:					
sc	ription of propo	sed development:			
S	•	n using this proposed recreation area deve	-	-	
_	No, would	not change usage of	other recreation are	a developments.	
_	Yes, would	decrease use of othe	r recreation area de	evelopments.	
_	Yes, would	stop using other reci	reation area develo	pments.	
S	_	able, indicate to what buld be provided at the er that applies.	•		
Γ					Vory
	Very willing to pay	Somewhat willing to pay	Neutral	Somewhat unwilling to pay	Very unwilling to pay
			Neutral 3		unwilling
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Note: The background information being collected below is needed to provide a profile of our study population to make sure it is representative of all the visitors to our recreation area. None of the information in this or other sections will be associated with any names or addresses.

Are you from in-state, out-of-state or another country? <i>Please check</i> (✓) <i>only one location</i> .				
In-StateOut-of-StateAnother County				
The two questions below are designed to describe your ethnicity and race. Regardless of your answer to Q. 5, go to Q. 6.				
Are you Hispanic or Latino (i.e., a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?				
Yes No				
Please select one or more racial categories with which you most closely identify. <i>Please check</i> (\checkmark) <i>all that apply</i> .				
American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander				
White				
— Thank you for your cooperation —				