CUSTOMER COMMENT CARD FORM APPROVED OMB NO. 1090-0011 Expires: 06/30/2015

Date: _____ Reason for your visit: ____

| Please Rate: 1. Quality of Service 2. Timeliness 3. Efficiency 4. Friendliness/Courtesy 5. Overall Experience 6. Please share one thing we could change the visiting the Information Access Center (IAC) | 1 | Fair Fove your | Good | Excellent e when |
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****Please note additional comments on back of form.**

Paperwork Reduction Act

The purpose of this survey is to provide information to the Bureau of Land Management 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 1 minute, 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 currently valid Office of Management and Budget (OMB) control number. Please direct comments regarding the burden estimate or any other aspect of this form to: U.S. Department of the Interior, Bureau of Land Management (1040-0001), Bureau Information Collection Clearance Officer (WO-630), 1849 C Street, N.W., Room 2134LM, Washington, D.C. 20240.

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.