

# ATSDR Public Meeting Survey Sign-In Sheet



AGENCY FOR TOXIC SUBSTANCES  
AND DISEASE REGISTRY

Name of Site: \_\_\_\_\_

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

Date of Community Meeting: \_\_\_\_\_

Form Approved  
OMB No. 0923-XXXX  
Exp. Date MM/DD/YYYY

ATSDR estimates the average public reporting burden for this collection of information as 2 minutes per survey, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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 OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-xxxx).

**CONSENT:** Providing your contact information and taking part in this survey is completely voluntary. The information on the sign in sheet will only be used to recruit and contact ACAS participants and for no other purpose. You may skip any question or stop at any time. Your responses and identity will be kept private to the extent allowed by law. Digital data will be stored in secure computer files. We will not release your identity in any ATSDR reports. Please be sure to get all of your questions about the survey answered by ATSDR before you begin. By proceeding, you indicate that you are 18 years of age or older, and CONSENT to participate in this survey.

Note: This information will not be shared with other agencies.

	Name (please PRINT)	Which of these best describe you?	Street Address	City	State	Zip code	Phone Number for telephone survey (Time preference)	Email (for online survey)	How would you like to take the survey?
1		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online  <input type="checkbox"/> Telephone
2		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online  <input type="checkbox"/> Telephone
3		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online  <input type="checkbox"/> Telephone

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4		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
5		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
6		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
7		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
8		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone

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9		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
10		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
11		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
12		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
13		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
14		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State					Phone Number: _____ <input type="checkbox"/> Morning		<input type="checkbox"/> In person <input type="checkbox"/> Online

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	Name (please PRINT)	Which of these best describe you?	Street Address	City	State	Zip code	Phone Number for telephone survey (Time preference)	Email (for online survey)	How would you like to take the survey?
		<input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					<input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> Telephone
15		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
16		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
17		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
18		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
19		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
20		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder					Phone Number: _____		<input type="checkbox"/> In person

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		<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> Online <input type="checkbox"/> Telephone
21		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
22		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
23		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
24		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
25		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone

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26		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
27		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
28		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
29		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
30		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
31		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State					Phone Number: _____ <input type="checkbox"/> Morning		<input type="checkbox"/> In person <input type="checkbox"/> Online

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		<input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					<input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> Telephone
32		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
33		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
34		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
35		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
36		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____  <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person  <input type="checkbox"/> Online <input type="checkbox"/> Telephone
37		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder					Phone Number: _____		<input type="checkbox"/> In person

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		<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> Online <input type="checkbox"/> Telephone
38		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
39		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone
40		<input type="checkbox"/> Community member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other (specify): _____					Phone Number: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		<input type="checkbox"/> In person <input type="checkbox"/> Online <input type="checkbox"/> Telephone