Resident/Owner Questionnaire

Name: ____________________________________________
Address: __________________________________________
Phone #: Home: ______________ Work: ______________
Email: ____________________________________________

Please provide your comments in the space provided, and return in the envelope provided no later than 5/25/2021.

1. Have you experienced problems with sanitary sewer backups?
   Yes □ No □ If yes, what ____________________________________________

2. Have you experienced problems with basement flooding?
   Yes □ No □ If yes, when ____________________________________________

3. Are you aware of any foundation footing drain or eavestrough connection to your sanitary sewer service or city storm sewer?
   Yes □ No □ If yes, please describe ______________________________________

4. Have you observed either on street or on property flooding during rainfall events? If so, is it a frequent or infrequent occurrence and where is the flooding located?
   Yes □ No □ If yes, please describe ______________________________________

5. Have you experienced problems with poor water pressure or water quality?
   Yes □ No □ If yes, please explain ______________________________________

6. Do you have any privately owned features (flower gardens etc.) in the vicinity of the road right-of-way for which special care or precautions should be made?
   Yes □ No □ If yes, please describe ______________________________________

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7. Do you have any disability, medical condition, business operation or related condition which should be taken into special consideration or which may be aggravated by construction activities such as noise, dust, vibration, or driveway access?
   Yes □ No □ If yes, please explain_____________________________________________________

8. Are you aware of any trees in the vicinity of the work which are of poor health or quality, or which should be removed for any other reason?
   Yes □ No □ If yes, please explain ____________________________________________________

9. Is the access to your driveway unsatisfactory (i.e., driveway ramp too steep, too narrow, etc.)?
   Yes □ No □ If yes, please explain ____________________________________________________

10. Vehicle access to your property will not be available at all times. Do you have a need for business delivery access, and/or for other purposes on a daily basis?
    Yes □ No □ If yes, please provide more detail ___________________________________________

11. Vehicle access to your property will not be available at all times. Do you have a need for charging of an electric vehicle?
    Yes □ No □

12. General comments/questions?

Your cooperation is appreciated. Please use the attached envelope to respond by Tuesday, May 25, 2021. If you have any questions or comments, please contact:
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