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 7/16/2021.

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_____________________________________
   _________________________________________________________________
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 **Friday, July 16, 2021**. If you have any questions or comments, please contact:

**Shailesh Shah, P. Eng.,** Design Engineer
Telephone: (519) 741-2200 x 7144, Fax: (519) 741-2230,
Email: shailesh.shah@kitchener.ca