

## DESIGN GUIDELINES SURVEY FORM

SHINGLE SPRINGS COMMUNITY MEETING JUNE 5, 2013

**Do you recommend this type of design for the Shingle Springs Town Site Core Area?**

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>1</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>2</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>3</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>4</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>5</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>6</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| <b>7</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>8</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>9</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>10</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>11</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>12</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>13</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>14</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>15</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>16</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>17</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>18</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>19</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>20</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>21</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>22</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>23</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>24</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>25</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>26</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>27</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>28</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>29</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>30</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>31</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>32</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>33</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>34</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>35</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>36</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>37</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>38</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>39</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>40</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>41</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>42</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>43</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>44</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>45</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>46</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>47</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>48</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>49</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>50</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>51</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>52</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>53</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>54</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>55</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>56</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>57</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>58</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>59</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>60</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**61** Yes  
No

**Should Shingle Springs' historical sites be preserved?**

**Please write any comments or suggestions on the back of this survey**

Name \_\_\_\_\_ Email \_\_\_\_\_