



Department of
Environmental
Conservation

MOTOR VEHICLE ACCESS TO STATE LAND FOR PEOPLE WITH A MOBILITY IMPAIRMENT

User Survey

1. Approximately how many times per year do you use your permit and drive the designated routes?

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> 1-10 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 11-20 | <input type="checkbox"/> 71-80 |
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> 81-90 |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 91-100 |
| <input type="checkbox"/> 41-50 | |

2. In what county are the routes located that you visit most frequently?
(Please list all and circle the county you visit most frequently)

3. What outdoor activities do you use your permit to pursue?
(Check all that apply)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Wildlife Viewing |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Picnicking |
| <input type="checkbox"/> Other (s) | |

Please Specify: _____

(See other side)

4. **What type of motor vehicle do you use on these routes?**
(Check all that apply, please circle the one you use most frequently)

- ☐ Truck
- ☐ Car
- ☐ All Terrain Vehicle (ATV)
- ☐ Other

5. **How would you rate your satisfaction with the MAPPWD program?**

- ☐ Strongly Satisfied
- ☐ Strongly Dissatisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ No Comment

6. **Do you have any additional comments about this program?**

7. **Name and Address (optional)**

Please return completed Survey to:

**NYSDEC, Division of Lands & Forests, Public Land Access Unit,
Attn: McCrea Burnham, 625 Broadway, Albany, NY 12233-4254**

September 30, 2021