South Van Ness Avenue Quick-Build Project Public Hearing Mail-In Comment Form

October 13-27, 2021

SFMTA.com/SVanNessQuickBuild

Please use this form to submit your public comment on the South Van Ness Avenue Quick-Build Project.

Thank you for your comments. Your feedback is very important to us. You can contact us at SVNQuickBuild@SFMTA.com with any additional questions about the project.

. Do you support this project?	Yes	No	Partially (Please explain
Comments or Questions:			
How did you hear about the Sou	uth Van Ness Aveni	ue Quick-Build project?	
A project mailer was sent to me		SFMTA website	
Physical posting along South Van Ness Ave		Email or text update	
In-person outreach or tablir	ng event	Media article or p	press
Community organization or	r advocacy group	Other (Please Exp	blain):
SW4. Mg		(311 Free Jangua	ge assistance / 免費語言協助 / Ayuda gratis con el idior
	0 San Franci County Tr. Authority	sco Бесплатная помощь ansportation linguistique gratui	ь переводчиков / Trợ giúp Thông dịch Miễn phí / Assistaı te / 無料の言語支援 / 무료 언어 지원 / Libreng tulong para ารช่วยเหลือทาง ด้านภาษาโดยไม่เสียค่าใช้จ่าย

خط المساعدة المجاني على الرقم

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Now we will ask a few questions about you. They are meant to better understand the diverse communities SFMTA projects serve.

4. What is your home zip code?			
5. What is your native language?			
Cantonese Mandarin Vietnamese			
English Russian Another language:			
Filipino and/or Tagalog Spanish Decline to answer			
6. Please identify how well you speak English:			
Very well Well Not well Not at all Decline to answer			
7. What is your age?			
18 or under 19-34 35-49 50-64 65 or over Decline to answer			
8. How do you describe your gender identity?			
Female Male Gender Non-Binary Trans Female			
Trans Male Other/Not Listed Decline to answer			
9. What race/ethnicity do you identify with? (Select one)			
Asian/Pacific Islander Black/African American Latin(x)/Hispanic Middle Eastern/ North African			
Native American/ American Indian White Two or More Races Decline to answer			
Another race or ethnicity (Please specify):			
10. Do any of the following disabilities currently affect your daily life? (Select all that apply)			
Blindness or vision impairment Hearing impairment Mobility diability			
Cognitive or mental impairment None Decline to answer			
Another disability or disabling health condition (Please specify):			
11. What is the total annual income (before taxes) of everyone in your household?			
Less than \$10,000 (\$10,000 to \$24,999) \$25,000 to \$49,999 \$50,000 to \$74,999			
\$75,000 to \$99,000 \$100,000 to \$124,999 \$125,000 to \$149,999 \$150,000 to \$174,999			
\$175,000 to \$199,999 \$200,000 or more Don't know/not sure Decline to answer			
「1 311 Free language assistance / 免費語言協助 / Avuda gratis con el idiom			

San Francisco

Authority

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San Francisco Бесплатная помощь переводчиков / Trợ giúp Thông dịch Miễn phí / Assistance linguistique gratuite / 無料の言語支援 / 무료 언어 지원 / Libreng tulong para sa wikang Filipino/ การช่วยเหลือทาง ด้านภาษาโดยไม่เสียค่าใช้จ่าย خط المساعدة المجاني على الرقم