



Montgomery Avenue Corridor Traffic Calming And Safety Action Plan

February 3, 2026

Public Survey

1. How far do you live from the nearest intersection to Montgomery Avenue from your home?

Less than ¼ mile (5-minute walk)	<input type="checkbox"/>
¼ to ½ mile	<input type="checkbox"/>
½ to 1 mile	<input type="checkbox"/>
1-2 miles	<input type="checkbox"/>
More than 2 miles	<input type="checkbox"/>

2. Which of the following best describes your use of Montgomery Avenue?

I own a business on or near Montgomery Avenue.	<input type="checkbox"/>
I or my child go to school on or near Montgomery Avenue.	<input type="checkbox"/>
I use Montgomery Avenue to commute to work or school.	<input type="checkbox"/>
I use Montgomery Avenue to run errands, attend events, or do other non-work-related events.	<input type="checkbox"/>
I live on or near Montgomery Avenue.	<input type="checkbox"/>

3. How frequently do you travel along Montgomery Avenue using each mode of transportation?

	Car	Bus	Bike	Walk
3 or more times per week (near daily basis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2 times per week (frequently)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times per month (occasionally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-3 times every 3 or more months (rarely)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How easy or difficult is it to walk, push a stroller, or use a wheelchair along Montgomery Avenue? (1 being very difficult, 5 being very easy)

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>

5. Which of the following safety improvements would you like to see on Montgomery Avenue? Select all that apply.

Bike Lanes or Bike Facilities	<input type="checkbox"/>
Additional Pedestrian Crossings of Montgomery Avenue	<input type="checkbox"/>
Traffic Calming Measures (pedestrian corner bumpouts, center medians, rumble strips, etc.)	<input type="checkbox"/>
Roundabouts	<input type="checkbox"/>
Left-Turn Lanes on Montgomery Avenue	<input type="checkbox"/>
Traffic Signal Modernization	<input type="checkbox"/>
Road Diet or Partial Road Diet	<input type="checkbox"/>
Additional Street and Intersection Lighting	<input type="checkbox"/>
Sidewalk Improvements/Upgrades (replace sidewalk, widen sidewalk)	<input type="checkbox"/>
ADA Infrastructure Improvements (new curb ramps, etc.)	<input type="checkbox"/>
School Zone Improvements (upgrade signage, pavement markings)	<input checked="" type="checkbox"/>



6. Please rate your view of each of the items noted below along Montgomery Avenue. Please label each category as “Very Concerned”, “A Little Concerned”, or “Not Concerned”.

Description

Very Concerned/A Little Concerned/Not Concerned

Speeding Motorists/reckless driving	_____
Lack of dedicated left-turn lanes	_____
Traffic Signals (poor timings, lack of left-turn green arrows)	_____
Street Lighting	_____
Pedestrian Crossings/Crosswalks	_____
Lack of Bike Lanes & Facilities	_____
Lack of ADA Access & Facilities	_____
Sidewalk Issues (uneven, cracks, narrow, maintenance, etc.)	_____
Issues at Bus Stops	_____
Safe access to/from retail stores and businesses	_____
Micromobility Vehicles (E-Bikes, Electric Scooters, etc.)	_____
Driver Confusion/Wayfinding	_____
Other: _____	_____

7. Are there specific blocks or intersections on Montgomery Avenue that you consider challenging to walk, bike or drive?

8. Are there any specific areas of high pedestrian traffic that lack accommodation (crosswalks, pedestrian access ramps, signage, etc.)

9. Do you have any comments or questions for the Township?



The following questions are optional:

10. How many vehicles does your household have?
(Mark only one.)

0	<input type="checkbox"/>
1	<input type="checkbox"/>
2	<input type="checkbox"/>
3 or more	<input type="checkbox"/>

11. What is your age? (Mark only one.)

18 or under	<input type="checkbox"/>
19-24	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>
65-74	<input type="checkbox"/>
75-84	<input type="checkbox"/>
85+	<input type="checkbox"/>

12. What is your total household income? (Mark only one).

Less than \$10,000	<input type="checkbox"/>
\$10,000-\$29,999	<input type="checkbox"/>
\$30,000-\$49,999	<input type="checkbox"/>
\$50,000-\$69,999	<input type="checkbox"/>
\$70,000-\$89,999	<input type="checkbox"/>
\$90,000-109,999	<input type="checkbox"/>
\$110,000 or more	<input type="checkbox"/>

13. To which gender identity do you most identify?
(Mark only one.)

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Non-Binary	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>
Other:	_____ _____



The following question is optional:

14. How would you describe yourself? (*Mark only one.*)

American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Hispanic, Latino, or Spanish origin	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other:	

Link/QR Code to the online version of this Survey is below:

<https://forms.gle/rkunaJLYHmjmjHReaA>

