



# PORT OF GALVESTON STRATEGIC MASTER PLAN QUESTIONNAIRE

Welcome to the Port of Galveston Strategic Master Plan Open House of February 26, 2019. Please complete this questionnaire and return to the registration table or email it to [comments@portofgalveston.com](mailto:comments@portofgalveston.com) prior to March 31, 2019.

Name (please print): \_\_\_\_\_

**1. Please check all that apply**

<input type="checkbox"/>	I am involved in the Tourism/Visitors Industry
<input type="checkbox"/>	I do business directly with the Port
<input type="checkbox"/>	My business depends on the Port
<input type="checkbox"/>	I am an interested citizen
<input type="checkbox"/>	I have a past affiliation with the Port

**2. What zip code do you live in?**

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**3. How old are you?**

<input type="checkbox"/>	18-34
<input type="checkbox"/>	35-54
<input type="checkbox"/>	55-64
<input type="checkbox"/>	65 or more

**4. What is your area of interest (check all that apply)?**

<input type="checkbox"/>	Cruise and tourism	<input type="checkbox"/>	Recreation areas
<input type="checkbox"/>	Cargo	<input type="checkbox"/>	Recreational marine
<input type="checkbox"/>	Neighbor	<input type="checkbox"/>	Commercial fisheries
<input type="checkbox"/>	Traffic	<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Commercial development (restaurants, retail, other)		

**5. Do you support or oppose other types of development on Port lands?**

Hotel	<input type="checkbox"/>	Support	<input type="checkbox"/>	Oppose
Office Spaces	<input type="checkbox"/>	Support	<input type="checkbox"/>	Oppose
Attractions	<input type="checkbox"/>	Support	<input type="checkbox"/>	Oppose
Retail	<input type="checkbox"/>	Support	<input type="checkbox"/>	Oppose
Residential	<input type="checkbox"/>	Support	<input type="checkbox"/>	Oppose

**7. Prioritize the Port of Galveston strategic direction: Rank 1 to 6; 1 being the highest, 6 being the lowest**

Cruise and Tourism	Commercial Fishing
Cargo	Commercial Development (restaurants, retail, etc.)
Recreational Areas	Linkages to City

**8. Do you have specific areas of concern? Please specify**

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**9. Please specify areas of opportunities you have identified**

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**10. Would you like to see changes, additions or deletions to any of the Port of Galveston facilities**

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