TRAIL RECOMMENDATIONS

Name: ______________________________
Phone: ______________________________
Email: ______________________________

TRAIL RECOMMENDATION:
1) Trail location description (and/or draw trail on map located on back of this worksheet):

2) Why would this be a good addition to the trail system?

3) Type of trail (please circle preference)
   Gravel Path/ Concrete/ Stairs/ Natural Surface/ No Preference/ Other: ______________

4) How would you use this trail (check all that apply)?
   ___ Walking  ___ Running  ___ Commuting  ___ Biking
   ___ Bird Watching ___ Hiking  ___ Wildlife Viewing
   ___ Dog Walking ___ Rollerblading ___ Mountain Biking

5) What Open Space properties do you use? How do you use it? How often?

6) Did you mark this trail location on the map? (please circle)
   Yes or No

THANKS FOR SHARING YOUR IDEAS WITH US!
Please send completed forms to: City of Louisville Parks and Recreation Department, Attention Open Space, 749 Main Street, Louisville, CO 80027

Would you like to be contacted for upcoming trail maintenance volunteer opportunities?
   ☐ Yes  ☐ No  If yes, please provide email:

_______________________________________________