Kimball Main Street Roadway and Utility Improvements Questionnaire

Please Return by August 26, 2024

A digital version of this questionnaire has been linked on the City of Kimball's Website in lieu of completing this physical form. The link can be found at:

https://www.cityofkimballsodak.org/

Contact Information 1. Name (Please Include Property Owner Name if Rental):			
2.	Property Address:		
3.	Contact Address:		
4.	Contact Phone Number:		
5.	Contact Email:		
•	erty Information		
6.	What is the current status of the property? (check box) ☐ Owner-Occupied		
	□Rental		
7.	What is the current use of the property? (check box)		
	□ Single-Family □ Commercial		
	☐ Multi-Family ☐ <u>Industrial</u>		
	If <u>Commercial or Industrial</u> , will you require any special conditions during		
	construction such as front door access, delivery truck access, limiting water shutoffs, etc.?		

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Munic	ipal Water
	Do you know where your property connects to municipal water? (check box) □No □Yes
	If Yes, Please Complete Information Below □ Street □ Alley □ Share Service Line with Neighbor □ Other:
9.	Do you experience any pressure or flow issues with your water service? (check box) \Box No \Box Yes
	If Yes, Please Explain
Sanita	nry Sewer
	Do you know where your property connects to the sanitary sewer main? (check box) □No □Yes
	If Yes, Please Complete Information Below □Street □Alley □Share Service Line with Neighbor □Other:
11.	Do you experience any backups or flow issues with your sewer service? (check box) □No □Yes
	If Yes, Please Explain

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Drainage/S	torm Sewer
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12. Has stormwater from the street or alley entered or came close to entering your	
home or business in the past? (check box) □No	
□Yes	
If Yes, Please Explain When This Occurred and What Occurred	
13. Do you have a sump pump (check box)	
□No	
□Yes	
If Yes, Does the Sump Pump Discharge to the Street/Alley, or Sewer, or Both	
Other	
14. How would you rate the street lighting around your property? (check box)	
□Not Enough □ Just Right □Too Much	
45 December 2015 to the control of t	
15. Does your property have an irrigation/sprinkler system? (check box) □ No □ Yes	
□No □ Yes	
16. Are you aware of any portions of your property that are buried within the City's right	-
of-way (sidewalk to street) that we should be aware of such as buried basement	
extensions, window wells, storm cellars, irrigation/sprinkler systems, etc? (check	
box)	
□No	
□Yes	
If Yes, Please Describe	

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17. Please provide any other comments or concerns that you may have regarding City infrastructure (drainage, sanitary sewer, water distribution, streets) within your neighborhood.

THANK YOU FOR YOUR HELP IN COMPLETION OF THIS SURVEY!