



## Voluntary Title VI Public Involvement Survey

Town of Lowell ADA Program  
501 E. Main Street  
Lowell, IN 46356  
219-696-7794 Fax: 219-696-7796  
Email: [stormwater@lowell.net](mailto:stormwater@lowell.net)

As a recipient of federal funds, the Town of Lowell is required to develop a procedure for gathering statistical data regarding participants and beneficiaries of its federal-aid highway programs and activities (23CFR §200.9(b)(4)). Lowell is distributing this voluntary survey to fulfill that requirement to gather information about the populations affected by a proposed project.

You are not required to complete this survey. Submittal of this information is voluntary. This form is a public document that Lowell will use to monitor its programs and activities for compliance with Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations.

If you have any questions regarding Town of Lowell's responsibilities under Title VI of the Civil Rights Act of 1964 or the Americans with Disabilities Act, please contact The Town of Lowell ADA Coordinator at Town Hall or Email at [stormwater@lowell.net](mailto:stormwater@lowell.net).

You may return the survey by folding it and placing it on the registration table (if you received it at a public hearing or meeting) or by mailing or faxing it to the address above.

<b>Date (month, day, year)</b>	
<b>Project Name</b>	
<b>Proposed Project Location</b>	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial	
<b>Age:</b> <input type="checkbox"/> 1-21 <input type="checkbox"/> 22-40 <input type="checkbox"/> 41-65 <input type="checkbox"/> 65+	<b>Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Income:</b> <input type="checkbox"/> 0-\$12,000 <input type="checkbox"/> \$12,001-\$24,000 <input type="checkbox"/> \$24,001-\$36,000 <input type="checkbox"/> \$36,001-\$48,000 <input type="checkbox"/> \$48,001-\$60,000 <input type="checkbox"/> \$60,001+	