

# WEST TAMPA ALLEYWAY ACTION PLAN

*A blueprint for the future of alleyways in West Tampa*

## **Contact Information (Optional)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## **Which group do you identify with? Check all that apply:**

- Resident, Homeowner
- Resident, Renter
- Small Business Owner
- Property Owner
- Other (please specify): \_\_\_\_\_

**If you live or work in the West Tampa area, do you currently use an alleyway to access your driveway or business?**  Yes  No

If so, use the map on the back of this paper to identify the alleyway ID number. \_\_\_\_\_

**Do you currently have any issues or concerns with the alleyways in your area?** *Please include the alleyway ID number(s) if different from the above.*

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**Are there alleyways we should prioritize improving and consider for a pilot project? If so, what types of improvements would you like to see?** *Please include the alleyway ID number(s) if there are specific alleyways you would like to see prioritized and improved.*

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**Do you have any questions or feedback on the initial alleyway typologies?** (Commercial Access, Residential Access, Non-motorized Access/Pathway)

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**Other Comments:**

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Use this map to identify the alleyway(s) you use most frequently.

