

# Lake Miccosukee Aquatic Plant Management

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

Affiliation: \_\_\_\_\_

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

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

Please help us identify key areas of interest and concern as we develop the 201<sup>5</sup> aquatic plant management program for Lake Miccosukee.

Q. 1. Please circle the bullets below that best describe your relationship with Lake Miccosukee.

- Fisherman
- Duck hunter
- Lakefront resident
- State govt. official
- Local govt. official
- Local business owner
- Boater
- Paddler
- Concerned citizen
- Wildlife viewer
- Other (please specify).....

Q.2. Approximately how many days per year do you spend on Lake Miccosukee?

- Less than 5
- 5 to 10
- 10 to 20
- More than 20 days per year

Q.3. Approximately what season(s) do you spend time on Lake Miccosukee?

- Spring (March – May)
- Summer (June – August)
- Fall (September – November)
- Winter (December – February)

Q.4. Please rank in order (1,2,,3) your three highest concerns about aquatic plant management on Lake Miccosukee with 1 being your greatest concern.

- \_\_\_ Effects on boating access
- \_\_\_ Effects on fishing quality
- \_\_\_ Effects on duck hunting
- \_\_\_ Ecological effects of chemical control
- \_\_\_ Effects on other recreational access
- \_\_\_ Effects on threatened species
- \_\_\_ Too much control
- \_\_\_ Too little control
- \_\_\_ Effect on property value
- \_\_\_ Effect on regional economy
- \_\_\_ Effects on flood control
- \_\_\_ Others (please specify).....