Oscoda County Conservation District
Resource Assessment Survey

P.O. Box 820 ~ 2041 E. Miller Rd~ Fairview ~ Michigan ~ 48621
989-217-1368 ~ oscodacd@yahoo.com

Circle the all that applies.

1. As a landowner in Oscoda County are you a:

Resident Non-Resident Future Resident

Township of: Comins Clinton Big Creek Mentor Elmer Greenwood

2. How much property do you own in Oscoda County?

Less than 5 acres 5 to 40 acres 40 acres and above

3. Do you have water features on your property?

River/Creek Lake Front Pond Swamp

4. What is the current use of your land?

Agricultural Forestry Fishing Hunting
Wildlife Recreation Tourism

5. Please circle all the important natural resource issues facing our community in the next decade.

Air Quality
Animal Waste
Biological Diversity
Flooding
Agricultural Land Conversion
Agricultural Productivity
Forestry
Grazing Lands
Nutrient Management
Pesticide Management
Invasive Species
Soil Erosion
Soil Quality/ Soil Health
Water Quality
Storm Water Management
Threatened/Endangered Species
Wetlands
Wildlife
Landfill / Waste Management
Recreation

6. What do you think the responsibilities of the Oscoda County Conservation District should be?

Public Education
Provide Technical Support
Promote Conservation Practices
Support Agricultural Programs
Forestry
Landowner Assistance
Land Use Planning
Foster Agency Partnerships
Natural Resource Information Clearing House
Seek Funding Sources for Conservation Issues

7. Who should we target with our information, products and services?

Agribusiness
Business Community
Farmer/Ranchers
Developers/Planners
Excavators
Environmental Groups
Hunt Clubs
Politicians
Recreational Users
Schools/Organizations
Timber Producers
Foresters
General Public

8. **What would be the most convenient way for you to access our information, products and services?**

Office Visits
Phone
Email
Social Media
Seminar and Workshops
Events
Mail

Other methods and additional comments:

_____
_____
_____
_____

9. **Please share any additional thoughts or comments in the space below or attach a separate sheet.**

_____
_____
_____
_____
_____

All information provided is optional please only fill in the areas that you are comfortable with.

10. **Occupation**_____

Age_____ **Male/ Female**_____

Name_____

Address_____

City_____ **State**_____ **Zip**_____

Thank you for sharing your opinions with us.
Please mail, email or drop off at the completed survey to the address on the front.
We have a drop box! You may also bring it to us at the Grow Show May 9th.