## **Stakeholder Engagement Consent & Frequency Survey**

## Consent

Do you consent to being contacted for stakeholder engagement related to this project?
C Yes C No
Contact Information
Name
Email
Organization (if any)
Engagement Preferences
Preferred method(s) of engagement
Email Phone Virtual Meeting In-Person Meeting
How often would you like to receive engagement communications?
C Weekly C Monthly C Quarterly C As Needed
Is there anything else you'd like us to know regarding your engagement preferences?