



TRAIL ASSESSMENT FORM

(Revised 10/06/2022)

Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

Conservation Department

Katelyn Merrill Gonyer, Environmental & Conservation Planner

Email kgonyer@mansfieldma.com

Reviewer Name: _____ Date: _____

Conservation Area: _____ Map: _____ Parcel: _____

Address of Entrance (closest address to conservation area entrance): _____

TRAIL HEAD CONDITIONS

(include photos and GIS maps):

TRAIL EVALUATIONS

Trail details (color, trail head description, length of trail):

Street Signage:

Parking area:

Kiosks:

Trail signage:

- Mismarked trail**
- Missing markers**
- Unclear trail direction**
- Trail does not match trail map**
- Other:**

Trash Receptacles:

Description of areas of concern

(attach photos and GIS map-use back of page if needed):

Vandalism/ littering:

Location of concern

(GPS/Waypoint or describe location):

Condition of walking corridor:

Recommended Action:

General Comments: (use other side for additional comments):

Trail Steward/Reviewer Signature: _____ **Date:** _____