

NEIGHBORHOOD ASSOCIATION QUESTIONNAIRE

Dear Neighbor:

The purpose of this questionnaire is to gather information that will be helpful to the neighborhood as it considers forming an association. The association would be a voluntary group, open to everyone who lives here, and is concerned with keeping the neighborhood safe and enjoyable. Your cooperation and support in completing this form will be greatly appreciated. Of course, all responses will be confidential.

1. Please mark the top 10 problems in your neighborhood, with "1" being the most urgent, "2" the next most urgent, etc.

- On street parking
- Traffic
- Noise
- Poor housing conditions
- Park/playground maintenance
- Zoning
- Street conditions
- Crime
- Snow removal
- Truck traffic

- Upkeep of rental properties
- Lack of communication with neighbors
- Public transit
- Public schools
- Trash/garbage removal
- Street lighting
- Availability/condition of sidewalks
- Animal control
- Other (please specify) _____

2. How would you rate the following services provided in your neighborhood?

	Excellent	Good	Fair	Poor	Don't Know
Availability of public transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street cleaning/maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodent control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property upkeep enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash/garbage collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stormwater drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/rescue service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How long have you lived in this neighborhood?

_____ Years _____ Months

4. Do you rent or own the dwelling you currently live in?

_____ Rent _____ Own

5. Do you agree or disagree with the following reasons for living in this neighborhood?

	Agree	Disagree	No Opinion
Convenient to downtown	_____	_____	_____
Near shopping	_____	_____	_____
Near park/playground	_____	_____	_____
Convenient public transit	_____	_____	_____
Friendly neighbors	_____	_____	_____
Good housing	_____	_____	_____
Quiet neighborhood	_____	_____	_____
School in neighborhood	_____	_____	_____
Near family and friends	_____	_____	_____
Nice looking area	_____	_____	_____
Low crime	_____	_____	_____

List any other reasons you had for choosing this neighborhood

6. Please list the four things you like most about your neighborhood:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

7. Please list the four things you like the least about your neighborhood:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

8. Are you interested in being a member of a neighborhood association? _____

9. Comments: