## SAMPLE NEIGHBORHOOD ASSESSMENT SURVEY

How long have you lived in	the neighborho	od?		
Do you own or rent? ( ) O	wn ()Re	ent		
How would you describe the ( ) Well kept ( ) Mediocre	•			
Do you feel like you are pa	rt of a neighbo	rhood? ()Y	es ()N	0
Rate concerns you have for	your neighborh	ood.		
	Very	Somewhat	Not	Don't
<b>C</b>	Concerned	Concerned	Concerned	Know
Speeding				
Traffic				
Vandalism				
Graffiti				
Absentee property owner				
Unkempt yards				
Inoperable vehicles				
Roads, sidewalks				
Bicycle lanes				
Street lighting				
Other				
How are public services in y	_	-		oor?
	Good	d Fair	Poor	
Police protection				<u> </u>
Fire protection				_
Street repair/maintenance				_
Trash collection/recycling				_
Park maintenance				_
Public transportation				_
Education			_	_
Recreation				_
Is there a city service that yo ( ) Yes ( ) No	our neighborho	od needs that i	s not being pro	vided?
Identify needed service				
Could a cooperative effort l	be positive for	your neighborh	ood? ( ) Good	( ) Fair ( ) Poo
Do you have a Neighborhoo	-	-		

TAGITIC	Phone
Address	
Email address	
What type of neighborhood you?	communication would be helpful in getting information to
Newsletter	Neighborhood Website
Other ideas:	
Please bring this survey to the meeting scheduled for	e Neighborhood Association at, located at