

# district needs survey

As a neighborhood stakeholder, your input is extremely valuable in assessing the needs and conditions of the community. Please take a moment to complete the following survey. Thank you.

## PERSONAL INFORMATION 1

Stakeholder status (check all that apply)  Property Owner  Business Owner  Resident

If business owner, check one:  Own Business Location  Lease Business Location

## NEIGHBORHOOD CONDITIONS

1. On a scale of 1 to 5, rate your level of agreement (1 = strongly agree and 5 = strongly disagree)

	Strongly Agree			Strongly Disagree	
	1	2	3	4	5
"the neighborhood has dirty streets"	<input type="checkbox"/>				
"the neighborhood has dirty sidewalks"	<input type="checkbox"/>				
"pedestrians feel unsafe during the day"	<input type="checkbox"/>				
"pedestrians feel unsafe at night"	<input type="checkbox"/>				
"pedestrians and visitors are frequently lost"	<input type="checkbox"/>				
"the neighborhood lacks a clear identity"	<input type="checkbox"/>				
"streets and sidewalks are in need of repair"	<input type="checkbox"/>				
"building facades are in need of repair"	<input type="checkbox"/>				
"outdoor lighting is in need of repair"	<input type="checkbox"/>				
"merchants would benefit from collective marketing"	<input type="checkbox"/>				
"the neighborhood has many retail vacancies"	<input type="checkbox"/>				
"I can find what I need among local stores"	<input type="checkbox"/>				
"certain kinds of stores are missing in the neighborhood"	<input type="checkbox"/>				
"the quality of local retailers is excellent"	<input type="checkbox"/>				

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## 2. Please place an X next to any of the following quality of life problems that exist in the neighborhood

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Pick-pocketing  | <input type="checkbox"/> Traffic congestion | <input type="checkbox"/> Robbery/mugging | <input type="checkbox"/> Pedestrian congestion |
| <input type="checkbox"/> Vandalism       | <input type="checkbox"/> Lack of parking    | <input type="checkbox"/> Loitering       | <input type="checkbox"/> Drug dealing          |
| <input type="checkbox"/> Street peddling | <input type="checkbox"/> Prostitution       | <input type="checkbox"/> Panhandling     | <input type="checkbox"/> Excessive noise       |

## 3. Please place an X next to the services that you think are needed in the neighborhood

- | Maintenance                                | Public safety                               | Marketing                                    | Capital projects                             |
|--|---|--|--|
| <input type="checkbox"/> Sidewalk sweeping | <input type="checkbox"/> Daytime security   | <input type="checkbox"/> Signage/banners     | <input type="checkbox"/> Street lighting     |
| <input type="checkbox"/> Street sweeping   | <input type="checkbox"/> Nighttime security | <input type="checkbox"/> Guides/brochures    | <input type="checkbox"/> Pavement/surfacing  |
| <input type="checkbox"/> Graffiti removal  | <input type="checkbox"/> Foot patrol        | <input type="checkbox"/> Events/festivals    | <input type="checkbox"/> Parks/open space    |
| <input type="checkbox"/> Sticker removal   | <input type="checkbox"/> Bike patrol        | <input type="checkbox"/> Holiday decorations | <input type="checkbox"/> Directional signage |

## 4. List your three highest priorities for the neighborhood

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## 5. Expand upon any need or problem that deserves further explanation

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### PERSONAL INFORMATION 2

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Name \_\_\_\_\_

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Job Title \_\_\_\_\_ Name of business (if applicable) \_\_\_\_\_

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Address \_\_\_\_\_

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Telephone Number \_\_\_\_\_

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