



*A Community Initiative by Mount Vernon Councilpersons Steven D. Horton and Loretta J. Hottinger*

## **SURVEY**

Thank you for taking the time out to complete this survey. Please take a moment to tell us about your personal experiences in the City of Mount Vernon. All information obtained through this survey is solely for informational purposes and will only be used to create an effective Connecting Neighborhoods Summit on Saturday, June 23, 2007 from 9:30AM to 4:00PM at First United Methodist Church, 227 East Lincoln Avenue, Mt. Vernon.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ APT: \_\_\_\_\_

City: Mount Vernon, NY ZIP: \_\_\_\_\_

Organization name: \_\_\_\_\_

(You do not have to belong to an organization to take the survey)

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(Please include your e-mail address. This is the most cost effective and quickest form of communication)

- I would like to receive future information via my e-mail. I have neatly included my e-mail address above and ask you please ad me to the Kensworth Consulting Network e-mail list.

## **PART 1-NEIGHBORHOOD ISSUES**

1. Overall, how satisfied are you with your Neighborhood Cleanliness?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

1(a). If you are dissatisfied, why?

**2. Would you say Crime is a problem in your neighborhood?**

- Definitely
- Probably
- Probably not
- Definitely not
- Not sure

**2(a). If you have any additional comments in regard to Crime, please share them:**

**3. Rate your satisfaction with the response of the following municipal departments to your neighborhood:**

	<b>Extremely Responsive</b>	<b>Responsive</b>	<b>Neutral</b>	<b>Somewhat unresponsive</b>
<b>Sanitation</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Building Department</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Police</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fire</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Recreation / Youth Department</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3(a). Please explain your above answer:**

**4. How often do experience (If any) Traffic concerns (Speeding, Traffic Signs, etc.)**

- One a year
- Several times a year
- About once a month
- About once a week
- Daily
- Other, please specify: \_\_\_\_\_

**4(a). If you have experienced traffic concerns, please explain the specific nature of your concern:**

5. If you have any additional questions or comments please add them below:

## **PART 2-ORGANIZATION ISSUES**

1. What is your level of satisfaction concerning these issues facing your organization:

	IMPORTANT	NEUTRAL	NOT IMPORTANT
<b>Membership</b>	○	○	○
<b>Fundraising</b>	○	○	○
<b>Publicity</b>	○	○	○
<b>Events</b>	○	○	○
<b>Technology (Web-site)</b>	○	○	○
<b>Organizational (By Laws, etc.)</b>	○	○	○

2. How often does your organization hold official meetings?

- One a year
- Several times a year
- About once a month
- About once a week
- Other, please specify: \_\_\_\_\_

3. What organizational topics would you be interested in at the Connecting Neighborhoods summit?

4. If you have any additional questions or comments please add them below: