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Resident questionnaire- West Granite neighborhood

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Resident Questionnaire — West Granite Neighborhood

1. How long have you lived in this neighborhood? <1 year 1-5 6-10 11-20 21+
2. Do you rent or own your home? Rent Own
3. If you rent, does your landlord live in your building? Yes No
4. If you rent, would you like to own a home? Yes No
5. How would you rate your neighborhood? Very Good Good Fair Bad Very Bad
6. What do you like about your neighborhood? -

7. What are some challenges facing your neighborhood?

8. How safe do you feel in your neighborhood? Very Safe Kinda Safe Not Safe
9. Do you see crime... Increasing Decreasing Staying the same
10. Do you belong to a Neighborhood Watch? Yes No
11. If not, would you like to join one? Yes No

12. If so, please provide your name, phone number and email address:

13. How many neighborhood families do you know by name?

0 1-5 6-10 11-20 20+

14. Are you a registered voter? Yes No

15. If so, when did you last vote? _____

16. If you have school-age children, where do your children go after school? _____

17. What is your age? _____ Male Female

Address:

Date: