

Sample Neighborhood Survey

(date)

Dear Neighbor,

Our neighborhood is forming the _____ (name – you may want to not include a specific name and gather input at the first meeting on what the name should be) Neighborhood Association. A neighborhood association draws people together and is a great way to keep our neighborhood safe and neighbors informed about City processes and programs. Neighborhood participation gives you a stronger, united voice in civic life and joins us in shared neighborhood projects. Once the _____ (name) Neighborhood Association becomes organized and recognized by the City of Pascagoula, the _____ (name) Neighborhood Association will provide us with a clear, organized way for our members to speak to City government and improve the two-way communication between the City and our neighborhood residents.

We need your help in identifying and prioritizing issues in our neighborhood. The information you provide will help the _____ (name) Neighborhood Association and the City of Pascagoula. Please take a few minutes to fill out this survey. The results of the survey will be shared with our neighbors at our membership meetings and _____ (list a distribution method; i.e. through the website, meeting minutes, etc.). When you are completed, please bring your survey to the _____ (name) Neighborhood Association meeting scheduled for _____ (date) at _____ (time) located at _____ (place) or mail your survey to _____ (name and address).

We are also seeking neighbors and business owners who are willing to play a leadership role in our neighborhood. Please don't miss out on this opportunity to become involved in the formation of the _____ (name) Neighborhood Association. For more information about neighborhood associations in Pascagoula, please call the City's Community and Economic Development Department at (228) 938-6639 or visit www.cityofpascagoula.com/neighborhoodassociations.

Thank you,

(Name and contact information)

_____ (name) Neighborhood Association – Neighborhood Survey

Name: _____

Address: _____ Phone: _____

Email: _____ Do you: () Own () Rent

How long have you lived in this location? _____

Describe the neighborhood? () Well kept () Mediocre () Run down () Other: _____

Please rate the concerns before for your neighborhood:

	Very Concerned	Somewhat Concerned	Not Concerned	Don't Know	Comments
Speeding					
Traffic					
Vandalism					
Graffiti					
Unkept Rental Units					
Unkept Yards					
Inoperable Vehicles					
Roads					
Sidewalks					
Bicycle Lanes					
Street Lighting					
Other:					

Please rate the public services in your neighborhood:

	Good	Fair	Poor	Comments
Police Protection				
Fire Protection				
Street Repair/Maintenance				
Trash Collection				
Recycling				
Park Maintenance				
Public Transportation				
Community Education				
Recreation				

Is there a City service that your neighborhood needs that is not being provided?

() Yes () No Please identify the needed service: _____

What type of neighborhood communication would be helpful in getting information to you?

() Flyer () Website () Email () Phone

Please bring this survey to the _____ Neighborhood Association meeting scheduled for
_____ at _____ located at _____ or mail to
_____.