

Citizen satisfaction survey

Your answers help the city decide what to fix and fund next. Skip any service you have not used. No name needed.

Neighborhood _____

Date _____

For each statement, tick one box from 1 (strongly disagree) to 5 (strongly agree).

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
1 Overall, I am satisfied with the services the city provides.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2 Which of these have you or your household used in the past 12 months? (tick all that apply)					
☐ Trash or recycling pickup	☐ Water or sewer service	☐ A park or recreation center			
☐ The public library	☐ Public transit	☐ A city office, by phone or in person	☐ None of these		

STATEMENT	STRONGLY DISAGREE				STRONGLY AGREE
3 I am satisfied with trash and recycling pickup.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4 I am satisfied with the condition of streets and sidewalks.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5 I am satisfied with police services in my neighborhood.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6 I am satisfied with fire and emergency medical services.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7 I am satisfied with water and sewer service.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8 I am satisfied with parks and recreation.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9 I am satisfied with the public library.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10 I get good value for the local taxes and fees I pay.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11 Which one should the city improve first?					
☐ Streets and sidewalks	☐ Trash and recycling	☐ Police and safety	☐ Parks and libraries		
☐ Water and sewer					

12 What is one thing the city could do to serve you better?

Thank you. Your answers are anonymous.

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Optional questions (1 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Public service feedback form (after a visit, call or online request)

13 How did you contact us today?

☐ In person ☐ By phone ☐ Online ☐ By email or mail

STATEMENT	STRONGLY DISAGREE			STRONGLY AGREE		
14 I am satisfied with the service I received today.	1	2	3	4	5	
15 This visit increased my trust in the city.	1	2	3	4	5	
16 My need was addressed.	1	2	3	4	5	
17 It was easy to complete what I needed to do.	1	2	3	4	5	
18 I got this done in a reasonable time.	1	2	3	4	5	
19 I was treated as fairly as anyone else would be.	1	2	3	4	5	
20 The staff I dealt with were helpful.	1	2	3	4	5	
21 What is one thing we could have done better?						

More services to rate

STATEMENT	STRONGLY DISAGREE			STRONGLY AGREE		
22 Public buses and trains get me where I need to go.	1	2	3	4	5	
23 Snow and ice are cleared from streets quickly.	1	2	3	4	5	
24 Street lighting on my block is good enough at night.	1	2	3	4	5	
25 Getting a permit or inspection from the city was straightforward.	1	2	3	4	5	
26 Streets in my area drain well after heavy rain.	1	2	3	4	5	

Thank you. Your answers are anonymous.

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Optional questions (2 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

Budget priorities (for the next two years)

27 Which service should the city focus on most over the next two years?

- ☐ Streets and sidewalks ☐ Trash and recycling ☐ Police ☐ Fire and EMS ☐ Water and sewer
☐ Parks and recreation ☐ Library ☐ Transit

28 Which service should come second?

- ☐ Streets and sidewalks ☐ Trash and recycling ☐ Police ☐ Fire and EMS ☐ Water and sewer
☐ Parks and recreation ☐ Library ☐ Transit

29 Which service should come third?

- ☐ Streets and sidewalks ☐ Trash and recycling ☐ Police ☐ Fire and EMS ☐ Water and sewer
☐ Parks and recreation ☐ Library ☐ Transit

30 Which comes closest to your view on local taxes and services?

- ☐ Keep both about where they are ☐ Raise taxes to improve services ☐ Cut services to lower taxes
☐ Not sure

Feeling safe in the neighborhood

STATEMENT	STRONGLY DISAGREE			STRONGLY AGREE	
31 I feel safe walking in my neighborhood during the day.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
32 I feel safe walking in my neighborhood after dark.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
33 I feel safe in the downtown and shopping areas.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Keeping residents informed

STATEMENT	STRONGLY DISAGREE			STRONGLY AGREE	
34 I know where to find information about city services.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
35 The city asks residents for input before big decisions.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

36 How would you like to hear from the city? (tick all that apply)

- ☐ Email or text alerts ☐ City website ☐ Social media ☐ Mailed newsletter ☐ Local news
☐ Neighborhood meetings

Optional questions (3 of 3)

Add any of these to the core questions. Keep the numbering running on from page one.

About you (optional)

37 Which neighborhood or ZIP code do you live in?

38 What is your age?

☐ 18 to 34 ☐ 35 to 54 ☐ 55 to 64 ☐ 65 or older

39 Do you own or rent your home?

☐ Own ☐ Rent ☐ Other

Thank you. Your answers are anonymous.

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