

## **Stop Six Neighborhood Survey**

Please take a few minutes to complete this survey. Your responses will help us improve the quality of life for residents of the Stop Six Neighborhood. If you have questions, please contact Glenda Thompson, Project Manager, at 817.907.5934 or E-Mail. glenda@gesturesmarketing.com.

Please check the area where you live: □ Cavile □ Stop Six □ Antigua Village □ Other

1. Pe	erceptions of Your Neighborhood	Excellent	Good	Neutral	Below Average	Poor	Don't Know
How	would you rate your neighborhood as a:						
1.	Place to live	5	4	3	2	1	9
2.	Place to raise children	5	4	3	2	1	9
3.	Place to work	5	4	3	2	1	9
How	would you rate the following:						
4.	How easy it is to safely walk from one part of your neighborhood to another	5	4	3	2	1	9
5.	The overall attractiveness/appearance of your neighborhood	5	4	3	2	1	9
6.	The sense of community that exists among the residents living in your neighborhood	5	4	3	2	1	9

	eling Safe in Your Neighborhood e rate your level of agreement with the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
1.	I feel safe in my neighborhood during the day	5	4	3	2	1	9
2.	I feel safe in my neighborhood at night	5	4	3	2	1	9
3.	I feel safe at parks in my neighborhood	5	4	3	2	1	9
4.	Children are safe in the schools in my neighborhood	5	4	3	2	1	9
5.	Children are safe in the recreational facilities in my neighborhood	5	4	3	2	1	9

Please	isfaction with City Services in Your Neighborhood rate your satisfaction with the following:	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
1.	Maintenance of city streets in your neighborhood	5	4	3	2	1	9
2.	Police services in your neighborhood	5	4	3	2	1	9
3.	Information is communicated to the residents (i.e., Do you feel informed?)	5	4	3	2	1	9
4.	City libraries that serve your neighborhood	5	4	3	2	1	9
	Maintenance of city facilities/buildings in your neighborhood	5	4	3	2	1	9
6.	Maintenance of city parks in your neighborhood (Rosedale Plaza Park, MLK Park)	5	4	3	2	1	9
7.	Quality of picnic shelters and playgrounds in neighborhood parks	5	4	3	2	1	9

4.	Which THREE of the items in Section #3 do you think are most important for the City to improve in yo	)UI
	neighborhood? [Write in the numbers of your top choices using the numbers from the list in Section 3].	

1 <sup>st</sup> :	2 <sup>nd</sup> :	3 <sup>rd</sup> :

	olic Safety Services in Your Neighborhood	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
Please	rate your satisfaction with the following:	> v	S	Z		> 0	
1.	Visibility of police in your neighborhood	5	4	3	2	1	9
2.	The city's effort to prevent crime in your neighborhood	5	4	3	2	1	9
3.	Enforcement of local traffic laws in your neighborhood	5	4	3	2	1	9
4.	How quickly police respond to emergencies in your neighborhood	5	4	3	2	1	9
5.	Adequacy of city street lighting in your neighborhood	5	4	3	2	1	9
6.	Adequacy of security lighting at city facility and parks in your neighborhood	5	4	3	2	1	9
7.	Enforcement of codes designed to protect public safety and public health (i.e., high grass & weeds; illegal dumping, trash & debris; substandard structures; junk vehicles, etc.)	5	4	3	2	1	9

6.	Which THREE of the public safety services in Section #5 do you think are most important for the City to
	<b>provide?</b> [Write in the numbers of your top choices using the numbers from the list in Section 5].

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

7. Using a scale of 1 to 5, where 5 means "Extremely Important" and 1 means "Not important," please indicate how important you think it is to make the following improvements in your neighborhood.

How important are the following improvements?		Extremely Important	Very Important	Important	Less Important	Not Important	Don't Know
1.	Addition of new sidewalks	5	4	3	2	1	9
2.	More street lighting	5	4	3	2	1	9
3.	More crosswalks and signage to make safer walking routes for children.	5	4	3	2	1	9
4.	Park improvements	5	4	3	2	1	9
5.	Clean up vacant/abandoned property	5	4	3	2	1	9
6.	Demolition and boarding up of substandard structures	5	4	3	2	1	9
7.	Tree trimming, removal of dead trees/limbs, and brush removal	5	4	3	2	1	9
8.	Bulk item removal of junk in the neighborhood	5	4	3	2	1	9
9.	Improvements to lighting at city facilities and parks	5	4	3	2	1	9
10.	Adding surveillance cameras in hot spots to reduce/eliminate criminal activities	5	4	3	2	1	9

8.	How many years have you	or your	family live	d at your	current residence?	years
9.	What is your age range?	□18-35	□ 36-49	□ 50-65	□ 66 +	
10.	List any other issues that	are of co	ncern to y	ou		

## This concludes the survey. Thank you for your time!

Please return your survey by March 2, 2017 in the enclosed envelope addressed to City of Fort Worth, Stop Six Survey, 200 Texas Street, Fort Worth, TX 76102

## **ADDITIONAL INFORMATION**

If you	u would l	ike to receive	e information an	id updates	on future	Stop Si	x neighborl	hood imp	rovements,	please	provide
your	contact	information.	Your contact in	formation v	vill be rec	orded s	eparately fi	rom your	responses	to the su	ırvey.
Your	email:				You	ur addre	ess:				

