

Help Shape Your Community

The following questions are designed to help the City learn about your experience and views concerning our operation and services. Two years ago, nearly 1,000 of you responded to a similar survey, and we continue to use the vital information we received as we plan. Please take the time to answer every question (except when asked to skip one because it does not apply to you). Place an "x" in the box next to the answer that you think best applies. When you have completed the survey, simply place the questionnaire in an envelope and mail to: City of Monterey, City Manager's Office, Monterey, CA 93940 or fax to 646-3793 .

1. How long have you lived in the City of Monterey?

(check only one)

- Less than one year
- 1 to 5 years
- 5 to 10 years
- 10 to 20 years
- More than 20 years
- Live outside of City

2. Please rate your level of satisfaction with the following

City services. (check only one box for each service)

	Excellent	Good	Fair	Poor	Very Poor	Don't Know
Library services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree/Greenbelt maintenance .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code and zoning regulation enforcement . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for senior adults . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice law enforcement (drugs, prostitution, etc.) . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle traffic enforcement .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall City services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are there any services that we are now providing that you think should be reduced or eliminated?

(check only one: if "yes," please specify)

- No
- Yes (specify) _____
- _____
- _____
- _____
- Don't know

4. Are there any services that we are now providing that you think should be expanded? (check only one: if "yes," please specify)

- No
- Yes (specify) _____
- _____
- _____
- _____
- Don't know

5. Are there any services that we are *not* providing that you think should be provided? (check only one: if "yes," please specify)

- No
- Yes (specify) _____
- _____
- _____
- _____
- Don't know

6. How would you rate the overall cleanliness of your particular neighborhood or business district? (check only one)

- Very clean
- Somewhat clean
- Somewhat dirty
- Very dirty
- Don't know, haven't noticed

7. How would you rate the overall cleanliness of the City as a whole?

(check only one)

- Very clean
- Somewhat clean
- Somewhat dirty
- Very dirty
- Don't know, haven't noticed

8. Are there some parts of the City where you would like to go or need to go at night but do not go because you would not feel safe?

(check only one)

- Yes
- No
- Don't know

If you answered "no," please skip to question 9.

At which of these places do you feel the most unsafe at night?

- Your neighborhood
- City beaches
- City parks
- Del Monte Shopping Center
- Downtown Monterey
- Fisherman's Wharf
- Cannery Row
- Lighthouse Avenue business district
- North Fremont Avenue business district
- Recreation Trail between Fisherman's Wharf and the Aquarium
- Recreation Trail between El Estero and Seaside
- Other (specify) _____
- _____
- _____
- _____
- Don't know

What would make you feel safer? _____

9. Have you used the WAVE shuttle bus?

- Yes
- No
- Don't know, don't remember

If not, why? _____

10. Should the City continue to purchase property for parks and open space purposes?

- Yes
- No
- Don't know

Please continue on other side

Continued from other side

11. Do you feel that you are adequately informed about City services, events and important issues? (check only one)

- Yes
 No
 Don't know

12. What types of activities and services would you like to know more about? _____

13. How would you like to get information about the City?
(check all that apply)

- CITY FOCUS newsletter
 Newspapers
 Government access on cable television
 Internet/World Wide Web
 Other (specify) _____

14. Please check the statement that applies to you.

My involvement in City affairs is:

- As much as I would like
 Less than I would like
 Greater than I would like

15. What issues do you think are the most important to the future of the City? _____

16. Do you feel that the City considers citizens' comments?

- Yes
 No (specify) _____

- Don't know

17. In what neighborhood do you live?

- | | |
|--|--|
| <input type="checkbox"/> Aguajito Oaks | <input type="checkbox"/> Navy (La Mesa Village) |
| <input type="checkbox"/> Alta Mesa | <input type="checkbox"/> Naval Postgraduate School |
| <input type="checkbox"/> Casanova Oak Knoll | <input type="checkbox"/> New Monterey |
| <input type="checkbox"/> Deer Flats Park | <input type="checkbox"/> Oak Grove |
| <input type="checkbox"/> Del Monte Beach | <input type="checkbox"/> Old Town |
| <input type="checkbox"/> Del Monte Grove/Laguna Grande | <input type="checkbox"/> Presidio |
| <input type="checkbox"/> Fisherman Flats | <input type="checkbox"/> Skyline Forest |
| <input type="checkbox"/> Monte Vista | <input type="checkbox"/> Villa Del Monte |
| <input type="checkbox"/> Don't know | |

18. Please check one:

- Female Male

19. What is your age?

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-59 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 40-44 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 45-49 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 50-54 | <input type="checkbox"/> 85 or older |

20. Please check one:

- White; Caucasian
 Black; African-American
 Asian
 Latino
 Other _____

21. What is your marital status? Single Married

22. How many people are living at your residence? _____

23. If you live in the City, do you own or rent your residence? Own Rent

24. Do you own or operate a business in the City? Yes No

Thank you for your input. We will report the overall results in an upcoming edition of the *City Focus*.

Please place this survey in an envelope and mail to the address below or fax to 646-3793.



City of Monterey
City Manager's Office
City Hall
Monterey, CA 93940