
2014 City of Elmhurst Citizen Survey

SECTION V

2014 SURVEY DOCUMENT

2014 CITY OF ELMHURST CITIZEN SURVEY

Your City officials need your input on various City services and your opinion on what it is like to live in Elmhurst. Please let us know what you like about our community, as well as what needs to be improved. You are one of approximately 1,600 households in Elmhurst randomly selected to participate in this survey and your participation is very important. By completing this survey, you have the opportunity to influence the operations and policies of the City, as well as to improve the quality of life in our community. Please fill out this survey if you are an adult (age 18 or older) in the household. Unless otherwise indicated, mark only one answer per question. When the survey is completed, simply mail it back in the enclosed self-addressed stamped envelope, no later than April 21, 2014 or drop it off at City Hall by that date. You can be assured that your answers will remain completely anonymous. Of course, you are always welcome to either call or stop by City Hall with your suggestions or concerns. With your help, Elmhurst will continue to be a wonderful place to live, work and play.

SECTION 1 QUALITY OF LIFE

How do you rate the following?

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
1.1 Overall quality of your neighborhood	5	4	3	2	1	0
1.2 Overall quality of the Elmhurst community	5	4	3	2	1	0
1.3 The Elmhurst community as a place to live	5	4	3	2	1	0
1.4 The Elmhurst community as a place to raise children	5	4	3	2	1	0
1.5 The Elmhurst community as a place to retire	5	4	3	2	1	0
1.6 Physical appearance of private property	5	4	3	2	1	0
1.7 Physical appearance of public (City) property	5	4	3	2	1	0

1.8 How would you rate the overall quality of life in Elmhurst now compared to five years ago?

____ a. Better

____ b. About the same

____ c. Worse

SECTION 2 PUBLIC SAFETY

2.1 Have you called 9-1-1 in the past 12 months?

____ a. Yes

____ b. No

2.2 If "Yes," what type of call(s) did you make? (Mark all that apply.)

____ a. Fire emergency

____ c. Police emergency

____ b. Ambulance

____ d. Other (please specify) _____

If you used the Fire Department in an emergency situation in the past 12 months, rate the following:

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
2.3 Response time	5	4	3	2	1	0
2.4 Quality of service	5	4	3	2	1	0
2.5 Professionalism and courtesy	5	4	3	2	1	0

2.6 Have you been in contact with non-emergency Fire Department staff in the past 12 months?

____ a. Yes ____ b. No

2.7 If "Yes," please check the type of experience:

____ a. Station tour/Block party ____ d. Community event
 ____ b. Installation of car seats ____ e. Other (please specify)
 ____ c. Public education

2.8 Do you have carbon monoxide detectors in your home?

____ a. Yes ____ b. No

If you used an ambulance in the past 12 months, please rate the following:

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
2.9 Response time	5	4	3	2	1	0
2.10 Quality of service	5	4	3	2	1	0
2.11 Professionalism and courtesy	5	4	3	2	1	0

How do you rate the overall visibility of police in...

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
2.12 Your neighborhood	5	4	3	2	1	0
2.13 The City as a whole	5	4	3	2	1	0

If you used the Police Department in an emergency situation in the past 12 months, rate the following:

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
2.14 Response time	5	4	3	2	1	0
2.15 Quality of service	5	4	3	2	1	0
2.16 Professionalism and courtesy	5	4	3	2	1	0

2.17 Have you been stopped by the Elmhurst Police for a traffic violation in the past 12 months?

____ a. Yes ____ b. No

2.18 If "Yes," what penalty (or penalties) did you receive? (Mark all that apply.)

____ a. Written warning ____ b. Written citation

2.19 How do you rate the professionalism and courtesy of the officer during the traffic stop?

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
	5	4	3	2	1	0

How safe do you feel...	Very safe	Safe	Neither safe nor unsafe	Unsafe	Very Unsafe	No Opinion
2.20 In your neighborhood	5	4	3	2	1	0
2.21 On City streets at night	5	4	3	2	1	0
2.22 In City parks	5	4	3	2	1	0
2.23 In Elmhurst City Centre	5	4	3	2	1	0
2.24 In the City in general	5	4	3	2	1	0

SECTION 3 PUBLIC WORKS DEPARTMENT

This department is responsible for street maintenance, parkway tree maintenance, snow removal, street lighting, refuse collection, public utilities and maintenance of City buildings.

3.1 Have you called, written or personally visited the Public Works Department in the past 12 months?
____ a. Yes ____ b. No

If "Yes," how do you rate the following?

		Excellent	Good	Fair	Poor	Very Poor	No Opinion
3.2	Response time	5	4	3	2	1	0
3.3	Quality of service	5	4	3	2	1	0
3.4	Professionalism and courtesy	5	4	3	2	1	0

How do you rate the quality of each of the following Elmhurst services?

		Excellent	Good	Fair	Poor	Very Poor	No Opinion
3.5	Street maintenance	5	4	3	2	1	0
3.6	Street sweeping	5	4	3	2	1	0
3.7	Snow/ice removal	5	4	3	2	1	0
3.8	Quantity of parkway trees	5	4	3	2	1	0
3.9	Quality of parkway trees	5	4	3	2	1	0
3.10	Parkway tree maintenance	5	4	3	2	1	0
3.11	Street lighting	5	4	3	2	1	0
3.12	Sidewalks in your area (if applicable)	5	4	3	2	1	0
3.13	Mosquito control	5	4	3	2	1	0
3.14	Refuse collection (including new toter program)	5	4	3	2	1	0
3.15	Yard waste collection	5	4	3	2	1	0
3.16	Recycling collection (including new toter program)	5	4	3	2	1	0
3.17	Sanitary sewer maintenance	5	4	3	2	1	0
3.18	Storm sewer maintenance	5	4	3	2	1	0
3.19	Water supply maintenance	5	4	3	2	1	0
3.20	City building maintenance	5	4	3	2	1	0

SECTION 4 TRAFFIC AND TRANSPORTATION

Please rate each of the following:

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
4.1 Commuter parking	5	4	3	2	1	0
4.2 Shopper parking	5	4	3	2	1	0
4.3 Ease of travel by car	5	4	3	2	1	0
4.4 Traffic enforcement	5	4	3	2	1	0
4.5 Condition of streets	5	4	3	2	1	0
4.6 Ease of travel by bike	5	4	3	2	1	0
4.7 Bike parking	5	4	3	2	1	0

How do you rate traffic speed compliance in . . .

4.8 Your neighborhood	5	4	3	2	1	0
4.9 Throughout the City	5	4	3	2	1	0

4.10 Have you observed the Police Department's SMART trailer ("Speed Monitoring Awareness Radar Trailer") in the community during the last year?

____ a. Yes ____ b. No

4.11 If "Yes," how do you rate its effectiveness in controlling vehicular speeds?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

4.12 Are you aware of the 25 mile per hour (unless otherwise posted) speed limit on Elmhurst residential streets?

____ a. Yes ____ b. No

4.13 If you work outside the home, how far do you normally commute to work?

____ a. 20 or more miles ____ d. 6-10 miles
 ____ b. 16-19 miles ____ e. Less than 5 miles
 ____ c. 11-15 miles

4.14 If you work outside the home, how do you normally commute to work?

____ a. Personal vehicle ____ e. Walk/bike to train
 ____ b. Car-pool ____ f. Bike
 ____ c. Bus to train ____ g. Walk
 ____ d. Car to train ____ h. Other (please specify) _____

4.15 If you ride a bicycle, what is the primary purpose?

____ a. Recreation ____ c. Transportation/Commuting
 ____ b. Exercise ____ d. Errands around town

SECTION 5 DOWNTOWN (City Centre)

Please rate the following aspects of Elmhurst's City Centre:

<u>DOWNTOWN (City Centre)</u>	Excellent	Good	Fair	Poor	Very Poor	No Opinion
5.1 Attractiveness and appearance	5	4	3	2	1	0
5.2 Parking convenience and availability	5	4	3	2	1	0
5.3 Special events and promotions	5	4	3	2	1	0
5.4 Snow removal (walks, parking lot)	5	4	3	2	1	0
5.5 Litter and trash clean-up	5	4	3	2	1	0
5.6 Pedestrian accessibility and security	5	4	3	2	1	0

5.7 How would you rate the overall quality of the Elmhurst City Centre now compared to five years ago?

____ a. Better ____ b. About the same ____ c. Worse

5.8 What is your best source for City Centre event information?

- ____ a. City Centre website (www.elmhurstcitycentre.com)
 ____ b. "Front Porch" newsletter
 ____ c. Local newspapers
 ____ d. Virtual Backpack flyers
 ____ e. Social Media (Facebook/Twitter)
 ____ f. City website (www.elmhurst.org)
 ____ g. Other (please specify) _____

5.9 How often do you or members of your family visit or shop in the City Centre?

- ____ a. At least once a week ____ d. 1-2 times per year
 ____ b. At least once a month ____ e. Not at all
 ____ c. Every few months

5.10 How would coordinated and extended weekday evening retail hours in the City Centre impact your shopping habits?

- ____ a. I would shop there much more if the hours were extended.
 ____ b. I would shop there a little more if the hours were extended.
 ____ c. There would be no change in my shopping habits.
 ____ d. Other (please specify) _____

5.11 What type of retail stores would you most like to see added to downtown Elmhurst?

- ____ a. Restaurants ____ e. Music store
 ____ b. Clothing ____ f. Gourmet foods / Specialty grocery
 ____ c. Specialty items / Gifts ____ g. Other (please specify) _____
 ____ d. Book store

5.12 Besides the City Centre, in what areas of Elmhurst do you shop:

- ☐ a. Spring Road
 ☐ d. Elmhurst Crossing (Rt 83 & St. Charles)
☐ b. York & Vallette
 ☐ e. North York Street (North of North Ave.)
☐ c. Butterfield & York
 ☐ f. Other (please specify) _____

5.13 Compared to last year, do you shop in Elmhurst?

- ☐ a. More
 ☐ b. About the same
 ☐ c. Less

5.14 For each of the following types of products, please identify whether you shop for them typically in Elmhurst, outside Elmhurst, or all about equally (mark all that apply):

	In Elmhurst	Outside Elmhurst	Online	All about equally
Automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fabrics/Home Goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware/Home Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 BUILDING AND CODE ENFORCEMENT

This department is responsible for building permits, plan review, inspections, and code enforcement.

6.1 Have you called, written or personally visited the Building Department in the past 12 months?

- ☐ a. Yes
 ☐ b. No

If "Yes," how do you rate the following?

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
6.2 Response time	5	4	3	2	1	0
6.3 Accuracy of information	5	4	3	2	1	0
6.4 Quality of service	5	4	3	2	1	0
6.5 Professionalism and courtesy	5	4	3	2	1	0

SECTION 7 CULTURAL ATTRACTIONS

Elmhurst Public Library

7.1 How often do you or members of your family visit the Elmhurst Public Library?

- | | |
|---|--|
| <input type="checkbox"/> a. At least once a week | <input type="checkbox"/> d. 1-2 times per year |
| <input type="checkbox"/> b. At least once a month | <input type="checkbox"/> e. Not at all |
| <input type="checkbox"/> c. Every few months | |

7.2 What do you use the Library for? (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> a. To check out items | <input type="checkbox"/> d. Attend programs |
| <input type="checkbox"/> b. Meeting room space | <input type="checkbox"/> e. As a place to work/study |
| <input type="checkbox"/> c. To use the computer | <input type="checkbox"/> f. As a place to meet with others |

If you visited the Elmhurst Public Library in the past 12 months, please rate the following:

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
7.3 Professionalism and courtesy	5	4	3	2	1	0
7.4 Library services in general	5	4	3	2	1	0
7.5 Children's programs	5	4	3	2	1	0

7.6 From what sources do you get your information about the Library

- | | |
|--|--|
| <input type="checkbox"/> a. Quarterly newsletter (Fine Print) | <input type="checkbox"/> d. Library flyers/posters |
| <input type="checkbox"/> b. Library website (www.elmhurstpubliclibrary.org) | <input type="checkbox"/> e. Twitter |
| <input type="checkbox"/> c. Local newspapers | <input type="checkbox"/> f. Facebook |

7.7 Do you use an e-reader device?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No |
|---------------------------------|--------------------------------|

Elmhurst Historical Museum

7.8 Have you visited the Elmhurst Historical Museum in the past 12 months?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No |
|---------------------------------|--------------------------------|

7.9 If yes, what are the reasons you visited the Elmhurst Historical Museum in the past 12 months? (Mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> a. See an exhibit | <input type="checkbox"/> e. Adult program |
| <input type="checkbox"/> b. School/scout field trip | <input type="checkbox"/> f. Conduct research |
| <input type="checkbox"/> c. Children's program | <input type="checkbox"/> g. Take visiting friends/family |
| <input type="checkbox"/> d. Family program | <input type="checkbox"/> h. Other (please specify) |

If you visited the Elmhurst Historical Museum in the past 12 months, please rate the following:

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
7.10 Professionalism and courtesy	5	4	3	2	1	0
7.11 Overall satisfaction with visit	5	4	3	2	1	0
7.12 Quality of service (exhibit, educational program, research)	5	4	3	2	1	0

7.13 How many times in the past 12 months have you or a member of your family visited the Elmhurst Historical Museum?

- | | |
|--|--|
| <input type="checkbox"/> a. More than 10 | <input type="checkbox"/> d. Twice |
| <input type="checkbox"/> b. 6 – 10 | <input type="checkbox"/> e. Once |
| <input type="checkbox"/> c. 3 – 5 | <input type="checkbox"/> f. Not at all |

7.14 If there was an admission fee, would you have visited the Elmhurst Historical Museum the same number of times?

- | | | |
|---------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No | <input type="checkbox"/> c. Not sure |
|---------------------------------|--------------------------------|--------------------------------------|

7.15 What do you believe is a reasonable admission fee for the Elmhurst Historical Museum?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> a. \$1 - \$3 | <input type="checkbox"/> c. More than \$5 |
| <input type="checkbox"/> b. \$4 - \$5 | <input type="checkbox"/> d. Other (please specify) _____ |

7.16 In the past 12 months how many times have you or a member of your family visited other museums outside of Elmhurst?

- | | |
|--|--|
| <input type="checkbox"/> a. More than 10 | <input type="checkbox"/> d. Twice |
| <input type="checkbox"/> b. 6 – 10 | <input type="checkbox"/> e. Once |
| <input type="checkbox"/> c. 3 – 5 | <input type="checkbox"/> f. Not at all |

7.17 Have you recommended a visit to the Elmhurst Historical Museum to friends or other families?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No |
|---------------------------------|--------------------------------|

7.18 From this list, indicate ALL the ways you get information about the Elmhurst Historical Museum: (Mark all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> a. Family/friends | <input type="checkbox"/> f. Virtual Backpack flyers |
| <input type="checkbox"/> b. "Front Porch" newsletter | <input type="checkbox"/> g. Museum calendars of events and flyers |
| <input type="checkbox"/> c. Local newspapers | <input type="checkbox"/> h. District 205 website |
| <input type="checkbox"/> d. City/Museum website | <input type="checkbox"/> i. Social Media/Facebook |
| <input type="checkbox"/> e. Word of mouth | <input type="checkbox"/> j. Other (please specify) |

7.19 If you or members of your household visit museums, what day(s) and time(s) are most convenient? (Mark all that apply.)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> a. Weekday morning | <input type="checkbox"/> d. Saturday |
| <input type="checkbox"/> b. Weekday afternoon | <input type="checkbox"/> e. Sunday |
| <input type="checkbox"/> c. Weekday evening | |

7.20 Would you or your family be interested in evening hours and/or programs?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No |
|---------------------------------|--------------------------------|

7.21 Do you consider going to a museum as (list all that apply):

- | | |
|--|--|
| <input type="checkbox"/> a. Entertainment | <input type="checkbox"/> c. Educational |
| <input type="checkbox"/> b. Social opportunity | <input type="checkbox"/> d. Other (please specify) |

7.22 Which Elmhurst cultural venues have you or members of your household visited in the past year?
(Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> a. Elmhurst Symphony | <input type="checkbox"/> f. Theatre Historical Society of America |
| <input type="checkbox"/> b. Elmhurst Art Museum | <input type="checkbox"/> g. Elmhurst College lectures/concerts |
| <input type="checkbox"/> c. Elmhurst Historical Museum | <input type="checkbox"/> h. Elmhurst Children's Theatre |
| <input type="checkbox"/> d. Elmhurst Choral Union | <input type="checkbox"/> i. GreenMan Theatre Troupe |
| <input type="checkbox"/> e. Lizzadro Museum of Lapidary Art | <input type="checkbox"/> j. Other (please specify) _____ |

7.23 How do you rate the overall cultural opportunities in Elmhurst?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

SECTION 8 FINANCE DEPARTMENT

This department is responsible for vehicle stickers, utility billing, parking permits, real estate transfer stamps, and the collection of parking ticket fines.

8.1 Have you called, written or personally visited the Finance Department in the past 12 months?

- ☐ a. Yes ☐ b. No

If "Yes," how do you rate the quality of service?

	Excellent	Good	Fair	Poor	Very Poor	No Opinion
8.2 Response time	5	4	3	2	1	0
8.3 Quality of service	5	4	3	2	1	0
8.4 Professionalism and courtesy	5	4	3	2	1	0

8.5 How many times in the past 12 months have you visited City Hall?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> a. Over 10 | <input type="checkbox"/> d. Once |
| <input type="checkbox"/> b. 6 – 10 | <input type="checkbox"/> e. Not at all |
| <input type="checkbox"/> c. 2 - 5 | |

8.6 Are you aware of the EZ Pay direct debit payment system for utility bills?

- ☐ a. Yes ☐ b. No

8.7 Are you aware that you can purchase your vehicle sticker and pay your water bill or parking ticket online through the City's website (www.elmhurst.org)?

- ☐ a. Yes ☐ b. No

8.8 How would you rate the payment options available for municipal service bills?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

SECTION 9 COMMUNICATIONS

9.1 From what source(s) do you get information about the City? (Mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> a. "Front Porch" newsletter | <input type="checkbox"/> e. Suburban Life (Elmhurst Press) |
| <input type="checkbox"/> b. Cable TV (Comcast-6 or AT&T-99) | <input type="checkbox"/> f. Chicago Tribune |
| <input type="checkbox"/> c. City website (www.elmhurst.org) | <input type="checkbox"/> g. Elmhurst Independent |
| <input type="checkbox"/> d. Social Media (Facebook/Twitter) | <input type="checkbox"/> h. "Notify Me" (City e-mail or text messages) |
| | <input type="checkbox"/> i. Virtual Backpack flyers |

9.2 Do you use the Internet?

- ☐ a. Yes ☐ b. No

9.3 If "Yes," where do you use the Internet? (Mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> a. Home | <input type="checkbox"/> d. Library |
| <input type="checkbox"/> b. Work | <input type="checkbox"/> e. Laptop using Wi-Fi |
| <input type="checkbox"/> c. Mobile device | <input type="checkbox"/> f. Other (please specify) |

9.4 If "Yes," how often do you use the Internet?

- ☐ a. Every day ☐ b. At least once a week ☐ c. Once a month or less

9.5 Do you have a telephone landline at home?

- ☐ a. Yes ☐ b. No

9.6 How many times in the past 6 months have you visited the City website?

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> a. Over 10 | <input type="checkbox"/> d. 3 - 5 |
| <input type="checkbox"/> b. 6 - 10 | <input type="checkbox"/> e. 1 - 2 |
| <input type="checkbox"/> c. 4 - 6 | <input type="checkbox"/> f. Not at all |

9.7 What type of device do you use to access the City website? (Mark all that apply.)

- ☐ a. Computer
- ☐ b. Tablet
- ☐ c. Smart phone

9.8 What was the reason for your visit? (Mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> a. Information regarding City services | <input type="checkbox"/> f. City forms or applications |
| <input type="checkbox"/> b. Calendar information | <input type="checkbox"/> g. Electronic payments |
| <input type="checkbox"/> c. City Code information | <input type="checkbox"/> h. Other (please specify) _____ |
| <input type="checkbox"/> d. City Council minutes and agendas | |
| <input type="checkbox"/> e. Contact information for elected officials and staff | |

9.9 How would you rate the website in terms of its ability to solve your problem or get you the information you were looking for?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

9.10 How would you rate the quality of the City's Front Porch newsletter?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

9.11 How many times in the past 12 months have you watched a City Council meeting on television? (Local Government Channels on Comcast (Channel 6) or AT&T U-verse (Channel 99)).

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> a. Over 10 | <input type="checkbox"/> d. 3 - 5 |
| <input type="checkbox"/> b. 6 - 10 | <input type="checkbox"/> e. 1 - 2 |
| <input type="checkbox"/> c. 4 - 6 | <input type="checkbox"/> f. Not at all |

9.12 How many times have you watched a City Council meeting online?

(Available through City's website – www.elmhurst.org).

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> a. Over 10 | <input type="checkbox"/> d. 3 - 5 |
| <input type="checkbox"/> b. 6 - 10 | <input type="checkbox"/> e. 1 - 2 |
| <input type="checkbox"/> c. 4 - 6 | <input type="checkbox"/> f. Not at all |

9.13 How would you rate City efforts to keep you informed?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

9.14 If the City were to pursue new approaches to building public awareness of a community-wide issue, what activities/initiatives would have an impact on your awareness of those issues? (Mark all that apply)

- ☐ a. Online questions/suggestions with responses
- ☐ b. One-time information/public suggestion and Q&A session in your area on a weeknight
- ☐ c. One-time information/public suggestion and Q&A session in your area on a Saturday
- ☐ d. A series of 2-4 weekly workshops held over consecutive weeks on weeknights
- ☐ e. A series of 2-4 weekly workshops held over consecutive weeks on Saturdays
- ☐ f. Regular updates on the City website
- ☐ g. Twitter
- ☐ h. Facebook
- ☐ i. Special edition of the City's Front Porch newsletter
- ☐ j. Other suggestions
- ☐ k. No opinion

9.15 The City offers electronic message (E-mail and text) alerts through the City's "Notify Me" website application (www.elmhurst.org/list.aspx). Which "Notify Me" alerts are you signed up for? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> a. City Council/Committee Agendas | <input type="checkbox"/> g. Visitor & Tourism News |
| <input type="checkbox"/> b. City News & Announcements | <input type="checkbox"/> h. Weather Emergency |
| <input type="checkbox"/> c. Economic Development | <input type="checkbox"/> i. Volunteer Opportunities |
| <input type="checkbox"/> d. Election Information | <input type="checkbox"/> j. News Flash |
| <input type="checkbox"/> e. Elmhurst Historical Museum | <input type="checkbox"/> k. Calendars |
| <input type="checkbox"/> f. Storm/Flood Information | <input type="checkbox"/> l. None |

SECTION 10 BUDGET

10.1 How would you rate the value of City programs/services for the fees and taxes you pay to the City?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

10.2 How do you get information on the City budget and finances? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> a. City website
<input type="checkbox"/> b. City newsletter
<input type="checkbox"/> c. Attend meetings and hearings
<input type="checkbox"/> d. Library | <input type="checkbox"/> e. Local newspapers
<input type="checkbox"/> f. Local blogs
<input type="checkbox"/> g. Word of mouth
<input type="checkbox"/> h. Don't know |
|--|--|

10.3 How would you rate your awareness of the City budget?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

10.4 How would you rate the City's financial management?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

10.5 Are you aware the City budget and financial reports are available on the City website?

- ☐ a. Yes
 ☐ b. No

10.6 In the last two years have you viewed the City budget online or in person at the Library?

- ☐ a. Yes
 ☐ b. No

10.7 If Yes, how would you rate the quality of information in the budget?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

10.8 How would you rate the “level” of service for the following?

	Too Much	About Right	Not Enough	No Opinion
Police protection	3	2	1	0
Traffic enforcement	3	2	1	0
Parking enforcement	3	2	1	0
Fire protection	3	2	1	0
Ambulance services	3	2	1	0
Building code enforcement	3	2	1	0
Street maintenance	3	2	1	0
Street sweeping/cleaning	3	2	1	0
Sidewalk maintenance	3	2	1	0
50/50 sidewalk program	3	2	1	0
Tree maintenance	3	2	1	0
Tree replacement	3	2	1	0
Snow/ice removal	3	2	1	0
Historical museum programs/services	3	2	1	0
Library programs/services	3	2	1	0
Refuse collection	3	2	1	0
Mosquito control	3	2	1	0
Animal control	3	2	1	0
Sanitary collection and treatment	3	2	1	0
Water production and distribution	3	2	1	0
Stormwater management	3	2	1	0
Private property stormwater assistance (Rear yard drain program)	3	2	1	0
Private property sanitary sewer assistance (Overhead sewer program)	3	2	1	0

10.9 How would you rate the City’s efforts to inform the public about the budget and finances?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

SECTION 11 DEMOGRAPHIC INFORMATION

11.1 Which category best reflects your age?

- | | |
|---|---|
| <input type="checkbox"/> a. 18 – 25 years | <input type="checkbox"/> d. 46 – 55 years |
| <input type="checkbox"/> b. 26 – 35 years | <input type="checkbox"/> e. 56 – 65 years |
| <input type="checkbox"/> c. 36 – 45 years | <input type="checkbox"/> f. Over 65 years |

11.2 What is your gender?

___ a. Male

___ b. Female

11.3 How long have you lived in Elmhurst?

___ a. 5 years or less

___ d. 21 – 35 years

___ b. 6 – 10 years

___ e. 36 – 50 years

___ c. 11 – 20 years

___ f. Over 50 years

11.4 Do you own or rent your residence?

___ a. Own

___ b. Rent

11.5 Please identify the area of the City in which you live.

___ a. North of North Avenue & East of York Street

___ b. North of North Avenue & West of York Street

___ c. Between the Illinois Prairie Path & North Avenue & East of York Street

___ d. Between the Illinois Prairie Path & North Avenue & West of York Street

___ e. South of the Illinois Prairie Path & East of York Street

___ f. South of the Illinois Prairie Path & West of York Street

SECTION 12 GENERAL COMMENTS

12.1 What three things do you like most about living in Elmhurst? Rank the top three in order of importance with one (1) being the most important.

___ a. Access to transportation

___ h. Property value

___ b. Central location/convenience

___ i. Quality of life

___ c. City services

___ j. Quality of schools

___ d. Cultural opportunities

___ k. Retail shopping opportunities

___ e. Library

___ l. Safety

___ f. Overall appearance of City

___ m. Sense of community/neighborhood

___ g. Parks, recreation/leisure opportunities

___ n. Street and sidewalk maintenance

___ o. Other (please describe) _____

12.2 What three things do you like least about living in Elmhurst? Rank the top three in order of importance with one (1) being the most important.

___ a. Airplane noise

___ j. Retail shopping opportunities

___ b. Building/zoning codes

___ k. Safety

___ c. City services

___ l. Street/sidewalk maintenance

___ d. Cost of living, general

___ m. Stormwater management/flooding

___ e. Housing prices

___ n. Taxes

___ f. Parking

___ o. Traffic congestion

___ g. Parks, recreation/leisure opportunities

___ p. Traffic noise

___ h. Quality of schools

___ q. Traffic speed

___ i. Refuse collection services

___ r. Train noise

___ s. Other (please describe) _____

12.3 What do you think will be the three biggest problems Elmhurst will face in the next five years?

Rank the top three in order of importance with one (1) being the most important.

- | | |
|--|---|
| <input type="checkbox"/> a. Airplane noise/airport expansion | <input type="checkbox"/> j. Property value decline |
| <input type="checkbox"/> b. Cost of government services | <input type="checkbox"/> k. Quality of businesses |
| <input type="checkbox"/> c. Cost of living/affordability | <input type="checkbox"/> l. Quality of City services |
| <input type="checkbox"/> d. Crime | <input type="checkbox"/> m. Quality of parks/ rec. programs |
| <input type="checkbox"/> e. Housing replacement | <input type="checkbox"/> n. Quality of schools |
| <input type="checkbox"/> f. Maintaining infrastructure (streets/sidewalks) | <input type="checkbox"/> o. Stormwater management/flooding |
| <input type="checkbox"/> g. Maintaining quality of life | <input type="checkbox"/> p. Substance abuse |
| <input type="checkbox"/> h. Parking | <input type="checkbox"/> q. Taxes |
| <input type="checkbox"/> i. Population increase/demographics change | <input type="checkbox"/> r. Traffic congestion |
| <input type="checkbox"/> s. Other (please describe) _____ | |

12.4 In general, how do you rate City of Elmhurst government operations?

Excellent	Good	Fair	Poor	Very Poor	No Opinion
5	4	3	2	1	0

COMMENTS and SUGGESTIONS: (In addition to providing general comments and suggestions below, please provide an explanation of any "poor" or "very poor" ratings in any of the survey sections. This will assist the City in improving the quality of services to the Community).

OPTIONAL:

Name: _____

Address: _____

Phone: _____

Thank you for taking the time to respond.

Please return this survey in the enclosed envelope no later than April 21, 2014.