City of Clawson's

2007 Citizen Survey!

Thank you for participating in the City of Clawson's 2007 Citizen Survey!
Your opinions are important and will help the City to provide better service in the future.
Please return your completed survey by March 1, 2007, in the self addressed envelope to
City Hall, 425 N. Main St., Clawson, MI 48017 or drop it off at the
City Hall, Blair Memorial Library, Hunter Community Center
or the Department of Public Works.

City of Clawson
425 North Main Street
Clawson, MI 48017

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Clawson, MI

Mayor Lisa Dwyer

Mayor Pro-Tem
Kurt Hack

Councilmembers
Penny Luebs
Thomas Palmer
Kathy Phillips

City Manager
Richard Haberman

POSTAL CUSTOMER
CLAWSON, MI 48017

SECTION ONE: General Administration

1. For each of the following City services, please indicate your overall opinion of each service based on your experiences or observations during the past 12 months. Please circle the number corresponding to your choice.

		No Opinion	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a.	Animal Control	0	1	2	3	4
b.	Building Inspections	0	1	2	3	4
c.	City Hall - Administration	0	1	2	3	4
d.	Fire	0	1	2	3	4
e.	Library	0	1	2	3	4
f.	Parks & Recreation	0	1	2	3	4
g.	Planning & Zoning	0	1	2	3	4
h.	Police	0	1	2	3	4
i.	Sanitary and Storm Sewers	0	1	2	3	4
j.	Senior Center	0	1	2	3	4
k.	Snow and Ice Removal	0	1	2	3	4
l.	Solid Waste Collection - Garage	0	1	2	3	4
m.	Solid Waste Collection - Yard Waste	0	1	2	3	4
n.	Solid Waste Collection - Recycling	0	1	2	3	4
o.	Street Lighting	0	1	2	3	4
p.	Street Maintenance	0	1	2	3	4
q.	Street Sweeping	0	1	2	3	4
r.	Traffic Signals and Signs	0	1	2	3	4
s.	Water	0	1	2	3	4

2. For each of the following City departments that you have contacted in the past 12 months. Please indicate whether you were treated courteously, and whether your concern was resolved to your satisfaction. If you didn't contact a department, please leave that question blank. Please circle your response.

		Treated Courteously?		Concern Resolved?		
a.	City Hall Administration	Yes	No	Yes	No	Don't Know
b.	Building Department	Yes	No	Yes	No	Don't Know
c.	Engineering & Public Works	Yes	No	Yes	No	Don't Know
d.	Fire	Yes	No	Yes	No	Don't Know
e.	Library	Yes	No	Yes	No	Don't Know
f.	Parks & Recreation	Yes	No	Yes	No	Don't Know
g.	Planning & Zoning	Yes	No	Yes	No	Don't Know
h.	Police	Yes	No	Yes	No	Don't Know
i.	Water	Yes	No	Yes	No	Don't Know

SECTION TWO: Parks & Recreation

3. From the list of information sources below, please mark the two that are your primary sources of information about Parks & Recreation services.

_____ a. Clawson Highlights
_____ b. The Daily Tribune
_____ c. Royal Oak Mirror
_____ d. School Flyers
_____ e. Stand-up billboard signs
_____ f. City Website (www.cityofclawson.com)
_____ g. Word of mouth
_____ h. Other_____

4. For each of the following activities, please indicate how often you or your family used the Clawson park system in the past 12 months.

		Number of Times Used in Past 12 Months				
a.	Leisure (picnics, informal gatherings)	0	1 - 4	5 - 8	9 - 12	12+
b.	Fitness (jogging, bicycling, exercise)	0	1 - 4	5 - 8	9 - 12	12+
c.	Organized Sports (practices and games)	0	1 - 4	5 - 8	9 - 12	12+
d.	Recreational Sports ("pick-up" games)	0	1 - 4	5 - 8	9 - 12	12+
e.	Other	0	1 - 4	5 - 8	9 - 12	12+
f.	Other	0	1 - 4	5 - 8	9 - 12	12+

5. Overall, how would you rate the maintenance level of the City's parks?
_____ a. Excellent _____ b. Good _____ c. Fair _____ d. Poor _____ e. Don't Know

6. Are you aware of the full-time Senior Adult Program held daily at the Hunter Community Center?
_____ Yes _____ No

7. Check the type of programs and activities you would like to see offered at the Senior Center.

☐	50+ Volleyball	☐	Painting
☐	50+ Softball	☐	Cake Decorating
☐	50+ Basketball	☐	Travel
☐	Card Tournaments	☐	Personal Finance
☐	Bowling Leagues	☐	Investing
☐	Cooking Classes	☐	Woodworking
☐	Computer Classes	☐	Gardening
☐	Surfing the Net	☐	Sewing
☐	Genealogy	☐	Evening Programs
☐	Health and Fitness	☐	

8. Are there additional programs you would like to see offered through Parks and Recreation?
Please list:_____
_____

SECTION THREE: Police Services

9. Have you requested service from the Clawson Police in the past 12 months?
_____ a. Yes _____ b. No (skip to question 11)

10. How satisfied were you with each of the following elements of the service?

		No Opinion	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a.	Response time	0	1	2	3	4
b.	Professionalism of officers	0	1	2	3	4
c.	Officers' resolution of the problem	0	1	2	3	4
d.	Adequacy of follow-up information	0	1	2	3	4
e.	Overall service	0	1	2	3	4

11. Please indicate how safe you feel living in Clawson.
_____ a. Very Safe _____ b. Somewhat Safe _____ c. Neutral
_____ d. Somewhat Unsafe _____ e. Very Unsafe

12. What improvements would you like to see in the Clawson Police service?
Please list:_____
_____
_____

SECTION FOUR: Fire Services

13. Have you requested emergency service from the Clawson Fire Department in the past 12 months?
_____ a. Yes _____ b. No (skip to question 15)

14. How satisfied were you with each of the following elements of the service?

		No Opinion	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
a.	Response time	0	1	2	3	4
b.	Professionalism	0	1	2	3	4
c.	Resolution of the problem	0	1	2	3	4
d.	Adequacy of follow-up information	0	1	2	3	4
e.	Overall service	0	1	2	3	4

15. Were you aware the Clawson Fire Department is entirely staffed by volunteers?
_____ a. Yes _____ b. No (Call 248-435-4500 Ext. 171 for more information)

I would like to be contacted about volunteer opportunities with the Clawson Fire Department.

Name:_____
Phone:_____

SECTION FIVE: Roadway Maintenance

16. Using the following scale, please rate the condition of the streets throughout the City.

		No Opinion	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
	Under Normal Weather Circumstance					
a.	Streets in your neighborhood	0	1	2	3	4
b.	Local roads (e.g., Elmwood Ave.)	0	1	2	3	4
c.	Cul-de-sacs	0	1	2	3	4
d.	Overall	0	1	2	3	4
	During the Following a Snow or Ice Storm					
a.	Streets in your neighborhood	0	1	2	3	4
b.	Local roads (e.g., Elmwood Ave.)	0	1	2	3	4
c.	Cul-de-sacs	0	1	2	3	4
d.	Overall	0	1	2	3	4

SECTION SIX: Library Services

17. Is the Library open when you want to use it? _____ a. Yes _____ b. No

If no, what operating hours do you suggest:
Monday - Friday _____ a.m. to _____ p.m. Saturday _____ a.m. to _____ p.m.
Sunday _____ a.m. to _____ p.m.

18. Please check the services you have used at the library:

a. _____ Audio Collection (music and/or spoken word)
b. _____ Book Collection
c. _____ DVD and video collections
d. _____ Periodical collection
e. _____ Children's programs
f. _____ Friends of the Library evening programs
g. _____ Internet, word processing, and educational games computers
h _____ WiFi
i _____ Book delivery to homebound
j _____ Reference service
k. _____ Reading and study areas
l _____ Online services

19. How many times in the past 12 months have you personally attended an event or meeting at one of the public meeting rooms at the Library?
_____ a. Never _____ b. One _____ c. Two _____ d. Three or more

SECTION SEVEN: Solid Waste Collection

20. Please indicate whether you agree or disagree with each of the following statements related to the City's solid waste collection program.
Please circle your response.

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a.	Overall, solid waste collection is timely and reliable	1	2	3	4	5
b.	Overall, residents are kept informed about solid waste collection services and schedules	1	2	3	4	5
	GARBAGE COLLECTION					
c.	The garbage collection regulations are easy to understand and remember	1	2	3	4	5
	RECYCLING COLLECTION					
d.	The curb side "bin" system is convenient	1	2	3	4	5
e.	The recycling collection regulations are easy to understand and remember	1	2	3	4	5
	YARD WASTE COLLECTION					
f.	The Compost "sticker" system is convenient	1	2	3	4	5
g.	The yard waste collection regulations are easy to understand and remember	1	2	3	4	5

SECTION EIGHT: Water

The Clawson Water Department is very interested in receiving feedback regarding its services. Please check the following questions relating to water service in Clawson.

21. How would you rate your experience with office or field customer service personnel?
_____ a. Excellent _____ b. Good _____ c. Fair _____ d. Poor _____ e. No Opinion

22. How would you rate the quality of water provided by the Clawson Water Department?
_____ a. Excellent _____ b. Good _____ c. Fair _____ d. Poor _____ e. No Opinion

23. How would you rate your water pressure? _____ a. Too High _____ b. Satisfactory _____ c. Too Low

24. Is the information on your water bill presented in a manner that is easy to understand?
_____ a. Yes _____ b. No
If No, suggested changes:_____
_____

SECTION NINE: Public Information and On-Line Services

25. Of the information sources listed below, please mark the two that are your primary sources of information about City services.

_____ a. City of Clawson Website (www.cityofclawson.com)
_____ b. Clawson information television (Comcast Cable Channel 60, WOW Channel 10)
_____ c. City of Clawson Highlights
_____ d. The Daily Tribune
_____ e. Word of mouth
_____ f. The Detroit News or Free Press
_____ g. City Council Meetings on Cable TV
_____ h. Other_____
_____ i. Other_____

26. The City is preparing to redesign its web site to provide more on-line services. Of the on-line services listed below, please indicate how likely you would be to use each service if it were offered. Please circle your response.

		Don't Know	Unlikely	Very Unlikely	Likely	Very Likely
a.	On-line recreation program registration	0	1	2	3	4
b.	On-line parking ticket payment	0	1	2	3	4
c.	On-line water bill payment	0	1	2	3	4
d.	City Council meeting "Web casts"	0	1	2	3	4
e.	On-line service requests	0	1	2	3	4
f.	Other	0	1	2	3	4
g.	Other	0	1	2	3	4

SECTION TEN: New Services and/or Facilities

27. As the City moves forward, additional services will be required in the coming years to support the needs of an changing population. If a vote were held today, please indicate whether or not you would support a bond referendum for each of the following potential projects.

		Don't Know	Not Support	Might Support	Would Support
a.	Expand Community Center	0	1	2	3
b.	Expand Library	0	1	2	3
c.	Expanded neighborhood parks	0	1	2	3
d.	Renovated City Hall	0	1	2	3

28. From the following list, please indicate how important are each of the activities or features in the City Park, Community Center, City Hall and Hunter.

		Don't Know	Not Important	Might Support	Would Support
a.	Gymnasium for basketball, volleyball, etc.	0	1	2	3
b.	Teen recreation space / game room	0	1	2	3
c.	Tennis courts	0	1	2	3
d.	Dance room	0	1	2	3
e.	Multi-purpose space for classes / meetings	0	1	2	3
f.	Computer lab	0	1	2	3
g.	Aerobics / fitness area	0	1	2	3
h.	Weight room / cardio equipment	0	1	2	3
i.	Arts and crafts room	0	1	2	3
j.	Drop-in child care for facility users	0	1	2	3
k.	Indoor play area for children	0	1	2	3
l.	Quiet area for tutoring / study	0	1	2	3
m.	Large multi-purpose meeting room or banquet facility	0	1	2	3
n.	Concessions and food service	0	1	2	3
o.	Skate Park	0	1	2	3
p.	Other	0	1	2	3

SECTION ELEVEN: Proposed Programs

29. Currently all property owners are responsible for the condition of sidewalks adjoining their property. The City of Clawson assesses the condition of sidewalks annually. Based on that survey, property owners are contacted if the sidewalks in front of their home or business need repair or replacement. Each property owner is assessed for repairs on their property tax bill. Currently the cost of replacement is $85 per flag of sidewalk replaced. The City of Clawson is considering changing this policy. If the City were to assume responsibility for the repair and replacement of all sidewalks with an annual special assessment for all homeowners of $25 per year or $1.00 per lineal ft. for business properties would you support this program? _____ a. Yes _____ b. No

30. Some citizens have requested City Hall offer evening hours. If City Hall were to remain open Thursday evenings until 7:00 PM would you find this service of benefit to you? _____ a. Yes _____ b. No

31. To accomplish number 30, due to the limited number of employees, hours would have to change on another day. Would you find it acceptable for City Hall to close at 1:00 PM on Friday to allow for evening hours? _____ a. Yes _____ b. No

32. Is there another item or issue you would like to see the City Council and/or Administration address? If so, please note it here:

_____

_____

_____

SECTION TWELVE: Demographics

Your response to the following questions will be used for analysis purposes only. All information will be kept strictly confidential and will not be used to identify you in any way.

33. Your gender? _____ a. Female _____ b. Male

34. Your age range? _____ a. 18 to 29 _____ b. 30 to 39 _____ c. 40 to 49
_____ d. 50 to 59 _____ e. 60 to 69 _____ 70 and above

35. Do you own or rent your home? _____ a. Own _____ b. Rent

36. What type of dwelling do you live in?
_____ a. Single-family detached home _____ b. Town home
_____ c. Duplex, Triplex, Quadplex _____ d. Condominium or apartment
_____ e. Other_____

37. Your annual household income:
_____ a. $0 to $19,999 _____ b. $20,000 to $39,999 _____ c. $40,000 to $59,999
_____ d. $60,000 to $79,999 _____ e. $80,000 and higher

38. How many children under the age of 18 live in your household? _____

39. In which area of Clawson do you live?
_____ a. North of 14 Mile Rd. between Main St. and Essex St.
_____ b. North of 14 Mile Rd. between Main St. and Crooks Rd.
_____ c. South of 14 Mile Rd. between Main St. and Crooks Rd.
_____ d. South of 14 Mile Rd. between Main St. and Rochester Rd.

40. For each type of internet access listed below, please indicate how many functioning personal computers you have in your home.

Internet Access Type	Number of computers at home
a. No internet access	O 1 2 3+
b. Dial-up access (56kbs or slower)	O 1 2 3+
c. Digital Subscriber Line (DSL) access	O 1 2 3+
d. Cable modem access	O 1 2 3+
e. Wireless access	O 1 2 3+

41. Please indicate which type(s) of television services you have in your home. Check all that apply.
_____ a. Neither Cable TV nor satellite service _____ b. Analog Cable TV
_____ c. Digital Cable TV _____ d. Satellite service (e.g., Direct TV or Dish Network)

42. Please feel free to attach another sheet to include any comments that you wish to share, or check here if you would like to be contacted by a City staff person.

_____ Extra sheet attached _____ Please contact me at (phone #)_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Thank you for your time!! Please return the survey in the self-addressed envelope to City of Clawson, 425 North Main St., Clawson, MI 48017. For more information, or to receive a copy of the survey results (which will be placed on the city's website), please contact Mickey Alderman (248) 589-0334.

Please return your completed survey by March 1, 2007