

**GREATER SEMINOLE HEIGHTS PLANNING AREA
OCTOBER 29, 2008**

PUBLIC SURVEY

We are working hard to ensure that your plan reflects your collective community vision. Please take a few minutes to fill out the following questions and return to the ballot box located outside of City Council Chambers prior to your departure this evening. If you have any questions, please find a City representative so that we can help you.

1. Do you live in the Greater Seminole Heights Planning Area?
(refer to Planning Area Map)

YES NO

If yes, how long have you lived here?

_____ YEARS _____ MONTHS

2. Do you own or rent the property you live in?

OWN RENT

3. Do you have a business in the Greater Seminole Heights Planning Area?

YES NO

If yes, how long have you had a business in this area?

_____ YEARS _____ MONTHS

4. Do you own or rent the property on which your business is located?

OWN RENT



**Prepared by City of Tampa
Land Development Coordination
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5. Are you a member of a neighborhood or civic association?

- YES NO

If yes, to which association do you belong?

6. Please list three qualities you like about the Greater Seminole Heights Area.

- a. _____
b. _____
c. _____

7. Please list three qualities you feel need improvement within the Greater Seminole Heights Area.

- a. _____
b. _____
c. _____

8. Prior to this evening, have you been involved with the City's Community Planning effort for the Greater Seminole Heights Planning Area?

- YES NO

If yes, how many meetings have you attended? _____

9. How did you hear about the City's effort? (*check all that apply*)

- POSTCARD FLYER WEBPAGE
 NEWSPAPER NEIGHBORHOOD ASSOCIATION
 OTHER _____

10. Did you attend the Open House, April 21-24, 2008 at the Seminole Garden Club that previewed the Draft Vision Plan and Concept Maps?

- YES NO

If yes, which concept map did you select?

- 1 2 3 4

11. Based on the information presented this evening, do you prefer Alternative A or B?

- A B

12. Are there aspects of this planning effort that you would improve?

- YES NO

If yes, please list those aspects that you feel could be improved?

13. Please provide any additional comments below.

14. Can we contact you concerning your comments? If so, please provide the following:

Name: _____

Telephone Number: _____

E-mail address: _____