



Citizen Survey 2014

Customer Service

1. Over the past 12 months, please evaluate the level of service you have received: (Overall performance, courtesy of employees, timelines of service, ability to resolve the issue, ease of contacting correct personnel.)

	Excellent	Good	Fair	Poor	No Contact
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Works / Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation / Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building & Zoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Office / Civic Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayor / City Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any concerns or comments you have about our customer service: _____

Communication with the Public

2. Overall, how would you rate the city at keeping you informed of city matters affecting you and your neighborhood?

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please rate the following methods of communicating with the public:

	Very useful	Somewhat useful	Not very useful	Never useful
City newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City website (www.riverdalecity.com)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media (Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility bill message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City Council Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning Commission Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Hearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Suggestions: _____

City and Neighborhood Livability

4. What would you like to see the city do in the following categories in regards to time, effort, manpower, and money?

	More	Same	Less
City transportation / traffic flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic speed enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential property maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weeds, litter, trash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inoperable vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas decorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Suggestions: _____

Parks and Recreation

5. How would you rate Riverdale City:

	Excellent	Good	Fair	Poor	Have not participated or used
Old Glory Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation facilities	<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"/>
Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roy Recreation Complex discount program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Riverdale nights at the Roy Aquatic Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Suggestions: _____

6. How often did you or your household use each of the following during the past 12 months?

	Never	Once or Twice	3 to 5 times	6 to 10 times	More than 10 times
Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riverdale Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riverdale Park Splash Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golden Spike Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
River Parkway Trail	<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"/>
Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street bicycle lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Suggestions: _____

Capital Projects and Improvements

7. How would you allocate city resources to acquire, develop, construct or maintain the following:

Building Improvements	More	Same	Less	Streets and Sidewalks	More	Same	Less
Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resurfacing streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional / improved sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street bicycle lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riverdale Park				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group pavilions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Golden Spike Park			
Picnic pavilions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group pavilions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Picnic pavilions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphitheater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trails				New Construction?			
River trail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercity trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ball fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soccer fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trail benches / picnic tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BMX park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skate park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land Acquisition				Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land for open space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Areas			
Land for parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Suggestions: _____

Land Use in the City

8. How do you rate the commercial land use development (shopping, offices) in the city?

	Excellent	Good	Fair	Poor
Quality of appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving access to services/shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Suggestions: _____

9. How do you rate the residential land use development in the city?

Quality of appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improving your neighborhood's image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Suggestions: _____

Future Important Issues

For planning purposes, are there issues you would like to comment on for consideration?

10. Immediate (this year or next): _____

11. Coming up (next 3-5 years): _____

12. Long range (over 5 years out): _____

General Quality of Life

13. Overall, how do you rate Riverdale City services? **Excellent** **Good** **Fair** **Poor**

14. Please give us any suggestions you might have for improving the quality of any Riverdale City services.

15. Please provide any comments of Riverdale City services that you are pleased with.

Follow-up

16. Do you have any specific problems or concerns that you would like to hear back from us? If so, please describe your concern and give us your contact information so we may respond to you.

Name: _____ **Address:** _____

Phone: _____ **Email:** _____

Demographic Information

17. Please tell us age group and gender:

Age group	Male	Female
24 & under	<input type="checkbox"/>	<input type="checkbox"/>
25-34	<input type="checkbox"/>	<input type="checkbox"/>
35-44	<input type="checkbox"/>	<input type="checkbox"/>
45-59	<input type="checkbox"/>	<input type="checkbox"/>
60 & over	<input type="checkbox"/>	<input type="checkbox"/>

18. Please tell us the geographical area in which you live:

- East of Weber River
- West of Weber River, South of Riverdale Road
- West of Weber River, North of Riverdale Road

19. Do you have children in your household under 18?

- Yes
- No

20. How long have you been living in Riverdale City?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- 11 to 15 years
- More than 15 years

21. Are you a:

- Renter
- Home Owner

Thank you for taking the time to fill out and return this survey.

Please return this survey to:

Riverdale City, 4600 South Weber River Dr., Riverdale, UT 84405