

# **MONTCLAIR NEW JERSEY**

## **1999 CITIZEN SATISFACTION SURVEY**

This survey has been developed by the "Citizen-Driven Government Performance Project," which is being conducted by the National Center for Public Productivity at Rutgers University-Campus at Newark and is sponsored by the Alfred P. Sloan Foundation.



Please take a few minutes to complete this survey if you are an adult (age 18 or over) in a Montclair household. Your responses will be kept confidential and reported in summary form only. Two forms are being sent to each household and should be completed independently by each adult. Those households with more than two adults may request additional forms by calling (973) 509-4926.

Please return the completed questionnaire in the self-addressed envelope provided within 7 days of receipt.

### **PLEASE CHECK THE APPROPRIATE RESPONSES BELOW:**

1. **What part of Montclair do you reside in? (If you are not sure what ward you live in please refer to map on page 8).**

- Ward One
- Ward Two
- Ward Three
- Ward Four

2. **How long have you lived in Montclair?**

- 0-5 years
- 6-11 years
- 12-17 years
- 18 or more years

3. **What are the three things you like best about Montclair?**

**Please check three (3) items below:**

- Safety
- Quality and cost of housing
- Arts and theater activity
- Close proximity to work
- Parking
- Number and variety of restaurants
- Parks and trees
- Quality of public schools
- Community spirit/civic pride
- Diversity of community
- Other:

Please list.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

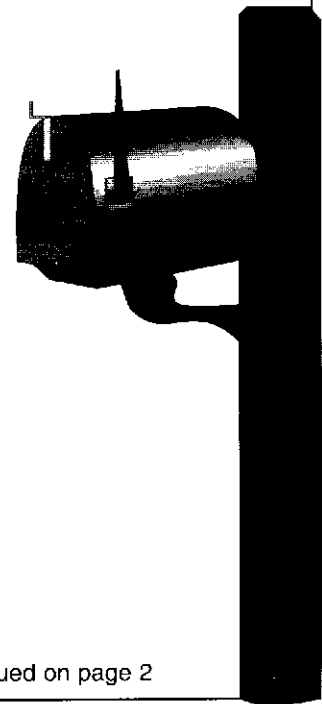
4. **What are the three things you like least about Montclair?**

**Please check three (3) items below:**

- Safety
- Quality and cost of housing
- Arts and theater activity
- Close proximity to work
- Parking
- Number and variety of restaurants
- Parks and trees
- Quality of public schools
- Community spirit/civic pride
- Diversity of community
- Other:

Please list.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

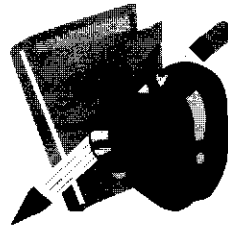


**5. Would you recommend Montclair to a friend or relative as a place to live?**

- Would not recommend
- Recommend with some reservation
- No opinion
- Recommend
- Highly recommend

**6. How do you rate Montclair as a place to raise children?**

- Poor
- Fair
- No Opinion
- Good
- Excellent



**7. Do you have any school age children?**

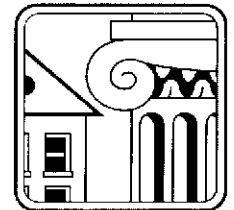
- Yes
- No (If you answered "No," please skip to question 9).

**8. If you answered "Yes," to the above question, please indicate the age of each child in your household and the type of school each child attends in the table provided below.**

	Age	Public or Private School	Elementary, Middle or High School
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Child 7			
Child 8			

**9. Do you own or rent a home in Montclair?**

- Own
- Rent



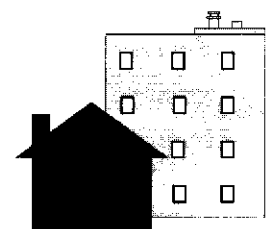
**10. Which type of housing do you reside in?**

- Detached single family home
- Apartment
- Condominium, town house, or co-op
- Multi-family home
- Room in a private home/boarding house/nursing home/senior residence

**11. In general, how do you rate the housing in your neighborhood on the following categories?**

*Circle the number of your answer for each item.*

Category	Very Good	Good	No Opinion	Poor	Very Poor
Affordability	5	4	3	2	1
Physical Condition	5	4	3	2	1
Other: (Please list).					
a. _____	5	4	3	2	1
b. _____	5	4	3	2	1



**12. In general, how do you rate the streets in your neighborhood in the following categories?**

*Circle the number of your answer for each item.*

Category	Very Good	Good	No Opinion	Poor	Very Poor
Smoothness	5	4	3	2	1
Cleanliness	5	4	3	2	1
Well maintained	5	4	3	2	1
Street Lighting	5	4	3	2	1
Traffic					
a. Speed	5	4	3	2	1
b. Volume	5	4	3	2	1
Other: (Please list).					
a. _____	5	4	3	2	1
b. _____	5	4	3	2	1
c. _____	5	4	3	2	1

**13. Please indicate below the business or shopping district you visit most frequently in Montclair? (Check only one response.)**

- Church Street Business District
- Upper Montclair Business District
- Watchung Plaza
- Bloomfield Avenue Business District (Town Center)
- Grove Street Business District
- South End Business District

**14. How safe would you feel walking alone during the day in the following locations?**

*Circle the number of your answer for each item.*

Location	Very Safe	Safe	Unsafe	Very Unsafe
Park nearest you	4	3	2	1
Business / Shopping District nearest you	4	3	2	1
School nearest you	4	3	2	1
Your neighborhood	4	3	2	1
Train Station	4	3	2	1
Other: (Please list).				
a. _____	4	3	2	1
b. _____	4	3	2	1
c. _____	4	3	2	1

**15. How safe would you feel walking alone at night in the following locations?**

*Circle the number of your answer for each item.*

Location	Very Safe	Safe	Unsafe	Very Unsafe
Park nearest you	4	3	2	1
Business / Shopping District nearest you	4	3	2	1
School nearest you	4	3	2	1
Your neighborhood	4	3	2	1
Train Station	4	3	2	1
Other: (Please list).				
a. _____	4	3	2	1
b. _____	4	3	2	1
c. _____	4	3	2	1

**16. Which township park is located closest to your home?**

- |  |  |
|--|--|
| <input type="checkbox"/> Tuers Park          | <input type="checkbox"/> Mountainside Park |
| <input type="checkbox"/> Yantacaw Brook Park | <input type="checkbox"/> Glenfield Park    |
| <input type="checkbox"/> Edgemont Park       | <input type="checkbox"/> Essex Park        |
| <input type="checkbox"/> Nishuane Park       | <input type="checkbox"/> Porter Park       |
| <input type="checkbox"/> Sunset Park         | <input type="checkbox"/> Canterbury Park   |

**17. Please rate the township park that you most frequently visit.**

Name of the township park: \_\_\_\_\_

*Circle the number of your answer for each item.*

Categories	Very Good	Good	No Opinion	Poor	Very Poor
Clean Grounds	5	4	3	2	1
Well Maintained Grounds	5	4	3	2	1
Street Lighting	5	4	3	2	1
Safety	5	4	3	2	1
Programs and Activities	5	4	3	2	1
Clean Facilities	5	4	3	2	1
Other: (Please list)					
a. _____	5	4	3	2	1
b. _____	5	4	3	2	1
c. _____	5	4	3	2	1

**18. In the past twelve months, how many times did you visit any township parks?**

- Never
- Once or twice
- 3 to 5 times
- 6 to 10 times
- More than 10 times

**19. Did anyone break into, or attempt to break into, any cars or trucks which were located in Montclair belonging to your household in the last 12 months (since January 1998)?**

- Yes
- No

**If yes:** Number of times: (TOTAL) \_\_\_\_\_

**20. Did anyone burglarize your home during the last 12 months (since January 1998)?**

- Yes
- No

**If yes: Was it reported to the police?**

- Yes
- No

**If it was reported, approximately how long after the burglary?** \_\_\_\_\_

**21. In the past twelve months, how many times did you visit the Main Library in Montclair?**

- Never
- Once or twice
- 3 to 5 times
- 6 to 10 times
- More than 10 times

**22. In the past twelve months, how many times did you visit the Bellevue Avenue Branch - Montclair Public Library?**

- Never
- Once or twice
- 3 to 5 times
- 6 to 10 times
- More than 10 times

**23. In general, how satisfied are you with the services provided by the Montclair Public Library?**

*Circle the number of your answer for each item.*

Service	Very Satisfied	Satisfied	No Opinion	Dissatisfied	Very Dissatisfied
Hours of Operation	5	4	3	2	1
Availability Of Library Material	5	4	3	2	1
Assistance of Library Staff	5	4	3	2	1
Childrens Programs	5	4	3	2	1
Other: (Please list)					
a. _____	5	4	3	2	1
b. _____	5	4	3	2	1
c. _____	5	4	3	2	1

**24. In general, how satisfied are you with the services that are being provided for the senior citizens?**

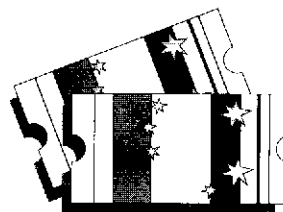
*Circle the number of your answer for each item.*

Service	Very Satisfied	Satisfied	No Opinion	Dissatisfied	Very Dissatisfied
Recreation	5	4	3	2	1
Health Care	5	4	3	2	1
Transportation	5	4	3	2	1
Housing	5	4	3	2	1
Other: (Please list)					
a. _____	5	4	3	2	1
b. _____	5	4	3	2	1
c. _____	5	4	3	2	1

**25. In the past twelve months how many cultural events have you attended in Montclair?**

*Circle the number of your answer for each item.*

	0	1	2	3	4	5 or more
Movies						
Concerts						
Theater Performances						
Art Exhibits						
Other: (Please list)						
a. _____						
b. _____						
c. _____						





**26. How do you rate the garbage and recycling services in your neighborhood?**

*Circle the number of your answer for each item.*

Services	Very Good	Good	No Opinion	Poor	Very Poor
<b>Garbage</b>					
a. Reliability	5	4	3	2	1
b. Litter left on street	5	4	3	2	1
c. Frequency of pick-up	5	4	3	2	1
Other: (Please list).	5	4	3	2	1
1 _____	5	4	3	2	1
2 _____	5	4	3	2	1
3 _____	5	4	3	2	1
<b>Recycling</b>					
a. Reliability	5	4	3	2	1
b. Litter left on street.	5	4	3	2	1
c. Frequency of pick-up	5	4	3	2	1
d. Design of program services	5	4	3	2	1
Other: (Please list).					
1 _____	5	4	3	2	1
2 _____	5	4	3	2	1
3 _____	5	4	3	2	1

**27. Overall, how do you rate the quality of each of the following Township services?**

*Circle the number of your answer for each item.*

Services	Very Good	Good	No Opinion	Poor	Very Poor
Garbage Collection	5	4	3	2	1
Clerk's Office	5	4	3	2	1
Fire Prevention and Protection	5	4	3	2	1
Housing and Nuisance Inspections	5	4	3	2	1
Housing Development	5	4	3	2	1
Parks	5	4	3	2	1
Policing	5	4	3	2	1
Property Assessment	5	4	3	2	1
Recreation Centers and Activities	5	4	3	2	1
Storm Damage (cleanup/response)	5	4	3	2	1
Street Lighting	5	4	3	2	1
Street Signs	5	4	3	2	1
Water Quality	5	4	3	2	1

**28. If any of the above services were rated "Poor," please tell us why in the space provided below:**

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29. Overall, how satisfied are you with the services that are being provided by the local government?

- Very satisfied
- Satisfied
- No opinion
- Dissatisfied
- Very dissatisfied

30. Are you a member of any township appointed committees?

- Yes
- No

If yes, which one(s)?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

31. In the past 12 months, have you attended a Montclair Town Council meeting?

- Yes
- No

If yes, how many? \_\_\_\_\_

32. In the past 12 months, have you watched the Montclair Town Council Meeting on Channel 34?

- Yes
- No

If yes, how often? \_\_\_\_\_

33. What is your gender?

- Male
- Female

34. What is your age?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75-84 years old
- 85 or older

35. Which of these is closest to describing your ethnic background?

- Caucasian/White (Non-Hispanic, Middle Eastern)
- African-American/Black (Non-Hispanic)
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic
- Other \_\_\_\_\_

36. What is the highest level of education you have completed?

- Elementary
- Some High School
- High School Graduate
- Some College, No Degree
- Associate Degree
- College Degree
- Graduate Degree/Professional Degree

37. What is your family's annual income?

- 0-\$20,000
- \$21,000-\$40,000
- \$41,000-\$60,000
- \$61,000-\$80,000
- \$81,000-\$100,000
- More than \$100,000



38. Please include any additional comments you may have in the space provided below.

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Thank you for taking the time to complete the Montclair Citizen Satisfaction Survey.

