

2003 Kelowna Citizens Survey



Please take a few minutes to share your thoughts on the programs and services offered by the City of Kelowna. Your input will help us make important decisions on future spending. Please note all respondents are guaranteed complete anonymity.

Please return your survey in the enclosed stamped envelope by July 18, 2003. Thank you for your help!

Roadways & Transportation

Please indicate your choice with an "X":

1. How satisfied are you with the following City of Kelowna services:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Road surface condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalk maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street sweeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street snow removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of traffic signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing of traffic signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of streetlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street light maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road network/traffic circulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of bicycle lanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle lane maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transit service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall: Roads & Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If 'VERY DISSATISFIED', please specify: _____

3. How often do you use the following methods of transportation?

	Every Day	A few times per week	A few times per month	A few times per year	Never
Personal vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk/Rollerblade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Considering the City's responsibility for the road network, how satisfied are you with the following:

	Don't Know	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
Accident risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observance of posted speeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Which of the following Transportation issues are most important to you? (RANK FROM 1 TO 5, WITH 1 BEING OF HIGHEST IMPORTANCE)

Road safety	<input type="checkbox"/>	Okanagan Lake Bridge congestion	<input type="checkbox"/>
More bicycle lanes	<input type="checkbox"/>	More bus routes	<input type="checkbox"/>
Downtown parking	<input type="checkbox"/>	More sidewalks	<input type="checkbox"/>
Road surface condition	<input type="checkbox"/>		
Highway 97 congestion	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Environmental Services

6. How would you rate your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Two-bag-per-week garbage limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage collection services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yard waste collection program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curbside recycling collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling depots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational water quality (lakes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street storm drainage (capacity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection of habitat & natural areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall: Environmental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Are you aware of the City's Living Greener program?

Yes No

8. Should Kelowna have a bylaw that would restrict the use of herbicides and/or pesticides on private property?

Yes No

9. Should Kelowna establish a pesticide exemption registry and associated bylaw that would require commercial pesticide applicators to notify those on the registry when spraying adjacent properties?

Yes No Don't Know

10. Are you aware that street and parking lot storm water runoff enters a piped system that may discharge into nearby creeks and/or Okanagan Lake?

Yes No

11. What priority do you feel Council should place on improving the quality of storm water runoff? (through increased monitoring, capital improvements to capture sediment and pollutants, and/or expanded education programs)

High priority Medium priority Low Priority Don't Know

12. Should the City initiate regulations to limit indoor burning from wood burning appliances on poor air quality days?

Yes No Don't Know

13. In the past year has anyone in your household experienced negative health effects due to poor air quality in your neighbourhood?

Yes No Don't Know

14. Would you support a bi-weekly or monthly collection of yard waste for an increased fee? (Yard waste is currently collected during 2 weeks in the spring and 2 weeks in the fall.)

Yes No Monthly Bi-weekly

PLEASE TURN OVER →

Parks, Leisure & Cultural Services

15. How would you rate your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Condition of beach parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of sports fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of arenas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of beach parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of sports fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of arenas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of cultural activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson Recreation Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple Bowl Stadium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mission Softball Complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelowna Family Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelowna museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelowna Art Gallery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelowna Community Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall: Parks, Leisure & Cultural Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. In the past year which of the following have you visited? (MARK ALL THAT APPLY)

City Park <input type="checkbox"/>	Waterfront Park <input type="checkbox"/>	Mission sports fields <input type="checkbox"/>
Gyro Beach <input type="checkbox"/>	Mission Creek Greenway <input type="checkbox"/>	Rutland sports fields <input type="checkbox"/>
Rotary Beach <input type="checkbox"/>	Parkinson Rec. Centre <input type="checkbox"/>	Kelowna museums <input type="checkbox"/>
Knox Mountain <input type="checkbox"/>	Kelowna Family Y <input type="checkbox"/>	Memorial Arena <input type="checkbox"/>
Apple Bowl <input type="checkbox"/>	Kelowna Art Gallery <input type="checkbox"/>	Community Theatre <input type="checkbox"/>

17. What is your favourite municipal park? (Choose One)

City Park <input type="checkbox"/>	Waterfront Park <input type="checkbox"/>	Mission Creek Greenway <input type="checkbox"/>
Gyro Beach <input type="checkbox"/>	Ben Lee Park <input type="checkbox"/>	
Rotary Beach <input type="checkbox"/>	Knox Mountain <input type="checkbox"/>	Other: _____ <input type="checkbox"/>

18. In the past year has someone in your household played in a sports league on City fields/parks?

Yes No

19. The City has limited dollars available for purchasing new parkland. Please rate the importance of purchasing each of the following types of parks:

	Very Important	Somewhat Important	Somewhat Unimportant	Very Unimportant	Don't Know
Beach parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbourhood parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural open spaces & trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Do you agree or disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Parks are clean & well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another pool is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another recreation centre is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelowna's tourism industry is dependent on our beaches and parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural, sports field & stadium facilities have a positive impact on tourism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Do you have a dog(s)? Yes No

22. Would you support allowing dogs on leash on clearly defined paths and walkways within City Park and Waterfront Park?

Yes No

23. Would you support allowing dogs on leash on clearly defined paths and walkways within other city parks?

Yes No

Planning & Development Services

24. Please rank the seriousness of the following issues in Kelowna:

	No Problem	Minor Problem	Serious Problem	Don't Know
Availability of affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of youth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Is housing affordability a problem for you?

If yes, please specify:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
To rent	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
To purchase	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

26. How many times have you moved in the last year?

More than twice Twice Once None

27. Within the next 5 years are you considering any of the following moves within Kelowna?

	Yes	No
Larger home in current neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
Smaller home in current neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
Larger home in more suburban neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
Smaller home in more suburban neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
Larger home in more central neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
Smaller home in more central neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>

28. How often do you purchase goods or services in the Downtown?

Every Day Weekly Monthly
Yearly None

29. Do any of the following prevent you from shopping downtown more frequently?

	Yes	No
Mix of products/services	<input type="checkbox"/>	<input type="checkbox"/>
Distance from where I live/work	<input type="checkbox"/>	<input type="checkbox"/>
Price of merchandise/services	<input type="checkbox"/>	<input type="checkbox"/>
Proximity of parking	<input type="checkbox"/>	<input type="checkbox"/>
Price of parking	<input type="checkbox"/>	<input type="checkbox"/>
Safety concerns	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

30. Please rate the importance of the following objectives:

	Very Important	Somewhat Important	Somewhat Unimportant	Very Unimportant	Don't Know
Preserving heritage resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directing new housing to central, serviced areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing visual impact of hillside development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing reliance on automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing public access along Okanagan Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimizing urban impact on agricultural areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How would you rate your level of satisfaction with Planning and Development overall?

Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communications/Public Consultation

32. How would you rate your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Local media coverage of City issues & events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information generated by the City about issues and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for citizen input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility of City staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility of City Councillors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice mail at City facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall: Communications/Public Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Please indicate your top three choices for providing input on important City issues. (MARK TOP 3 ONLY)

Telephone surveys	<input type="checkbox"/>	Mail-in surveys	<input type="checkbox"/>
Citizens committees	<input type="checkbox"/>	Focus groups	<input type="checkbox"/>
Letters to Mayor and Council	<input type="checkbox"/>	Open houses	<input type="checkbox"/>
Appearance at Public Hearings	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

34. Please indicate your top three methods to receive information from the City of Kelowna on important issues. (MARK TOP 3 ONLY)

Daily Courier	<input type="checkbox"/>	Capital News	<input type="checkbox"/>	Shaw Cable	<input type="checkbox"/>
CKOV	<input type="checkbox"/>	Silk FM	<input type="checkbox"/>	City website	<input type="checkbox"/>
Sun FM	<input type="checkbox"/>	Bullet	<input type="checkbox"/>	City newsletter	<input type="checkbox"/>
CBC Radio	<input type="checkbox"/>	Power 104	<input type="checkbox"/>	City brochures	<input type="checkbox"/>
Castanet.net	<input type="checkbox"/>	CHBC TV	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

35. Do you currently have access to the Internet...

at home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

36. Have you visited the City of Kelowna website (www.city.kelowna.bc.ca)?

Yes No

37. If 'YES' - which information sources on the City website have you accessed? (MARK ALL THAT APPLY)

General information about City operations	<input type="checkbox"/>	News releases	<input type="checkbox"/>
Official Community Plan information	<input type="checkbox"/>	Current projects	<input type="checkbox"/>
Council meeting agendas	<input type="checkbox"/>	Current job postings	<input type="checkbox"/>
Council minutes	<input type="checkbox"/>	Bylaws	<input type="checkbox"/>
Other: _____		<input type="checkbox"/>	

38. Do you watch City Council meetings on Shaw Cable 11?

Don't Watch 1-5 times /year 6-12 times/year Over 12 times/year

39. Would you view video coverage of Council Meetings if available on the City's website?

Yes No

40. Have you provided input to the City within the past year through any of the following:

Surveys	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Committees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Letters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Open Houses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Hearings	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Protective Services

41. How would you rate your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Bylaw enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Policing Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RCMP services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall: Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Are you aware of the Community Policing Offices in Rutland and Mission?

Yes No

43. Have you ever used either of the Community Policing Offices?

Yes No

44. Please rate the importance of each of the following areas for Bylaw Enforcement:

	Very Important	Somewhat Important	Somewhat Unimportant	Very Unimportant	Don't Know
Commercial vehicles in residential areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal suites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unightly premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Do you agree or disagree with the following statements:

	Strongly Agree	Agree	Strongly Disagree	Disagree	Don't Know
Kelowna has adequate bylaw enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelowna has adequate policing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelowna has adequate traffic enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How safe is Kelowna?

Very safe Somewhat safe Somewhat unsafe Very unsafe

47. Have you been a victim of crime during the past three years?

Yes No

If your answer to this question is "No," please skip the next question.

48. If you have been a victim of crime during the past three years were you:

	Yes	No
Satisfied with the police response to your complaint	<input type="checkbox"/>	<input type="checkbox"/>
Kept apprised of the investigation	<input type="checkbox"/>	<input type="checkbox"/>
Advised of the outcome at the conclusion of the police investigation	<input type="checkbox"/>	<input type="checkbox"/>

49. In the past year has anyone in your household:

	Yes	No	Uncertain
Felt threatened by a dog in a public area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been bitten/injured by a dog in a public area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water Utility

50. Which Utility provides your water?

Black Mountain Irrigation District	<input type="checkbox"/>	City of Kelowna	<input type="checkbox"/>
Glenmore-Ellison Improvement District	<input type="checkbox"/>	Rutland Waterworks	<input type="checkbox"/>
South-East Kelowna Irrigation District	<input type="checkbox"/>	Other	<input type="checkbox"/>

51. Do you have an in-home water treatment system to improve water quality?

Yes No

52. How often do you buy bottled water for drinking?

Always Occasionally Never

53. Would you support graduated water rates that rise with consumption?

Yes No

54. Would you be prepared to pay higher water rates to reduce the risk of water-borne disease outbreaks?

Yes No

Other Services

55. How would you rate your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Kelowna tourism promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kelowna International Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Okanagan Regional Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. In the past year how many times have you used:

	None	1-2	3-5	6-10	11+
Kelowna International Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Okanagan Regional Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. Do you agree or disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
The Library has an adequate book supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of tourism should be left to private business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Setting Priorities

58. Please rate the importance of each of the following services provided by the City of Kelowna.

	Very Important	Somewhat Important	Somewhat Unimportant	Very Unimportant	Don't Know
Communication/public consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks, leisure and cultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning & development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective (police, fire)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roadways and transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Would you support a referendum for the City to borrow \$5 million dollars for the purpose of parkland acquisition & development? (Cost would be approx. \$13.25 for the average home/year over 15 years)

Yes No Uncertain

60. In your opinion, what is the single MOST important issue that the City of Kelowna will face over the next 5 years? (PROVIDE ONE ISSUE ONLY)

Don't know

61. If the City was forced to reduce its budget, which three services do you think should be reduced? (MARK 3 ONLY)

Communication/public consultation	<input type="checkbox"/>	Protective (police, fire)	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	Roadways & transportation	<input type="checkbox"/>
Parks, leisure and cultural	<input type="checkbox"/>	Utilities	<input type="checkbox"/>
Planning & development	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

62. Would you like to see increased funding for any of the following?

	Yes	No	Uncertain
Arts and cultural programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved transit service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New roadway development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Please indicate the level of support the City should provide in developing tourism in the following areas:

	Major	Moderate	Minor	None
Agricultural tourism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convention tourism (eg: trade conventions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural tourism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event (major) tourism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational tourism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports (organized) tourism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. If faced with the following choices, which direction would you want City Council to take over the next year? (CHOOSE 1 ONLY)

Improve levels of service and increase taxes	<input type="checkbox"/>
Maintain current levels of service and taxes	<input type="checkbox"/>
Lower levels of service and reduce taxes	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

About You*

*Please note that responses are used to get an overall profile of all respondents & will be held strictly confidential.

65. In which area of Kelowna do you live?

Central Kelowna	<input type="checkbox"/>	S.E. Kelowna	<input type="checkbox"/>	Black Mt.	<input type="checkbox"/>
Glenmore/Dilworth	<input type="checkbox"/>	Mission	<input type="checkbox"/>	South Pandosy	<input type="checkbox"/>
Quail Ridge/Airport	<input type="checkbox"/>	McKinley	<input type="checkbox"/>	Rutland	<input type="checkbox"/>

66. Please indicate your gender:

Male Female

67. How long have you lived in Kelowna?

Less than 1 year	<input type="checkbox"/>	11-15 years	<input type="checkbox"/>
1-5 years	<input type="checkbox"/>	16-20 years	<input type="checkbox"/>
6-10 years	<input type="checkbox"/>	More than 20 years	<input type="checkbox"/>

68. Do you own or rent your current residence?

Own
Rent
Other: _____

69. What best describes your residence?

Single family dwelling	<input type="checkbox"/>	Town house	<input type="checkbox"/>
Duplex, triplex, fourplex	<input type="checkbox"/>	Apartment or suite	<input type="checkbox"/>
Modular/mobile home	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

70. How many people, including yourself, live in the household?

1 person	<input type="checkbox"/>	3-4 people	<input type="checkbox"/>
2 people	<input type="checkbox"/>	5-6 people	<input type="checkbox"/>
		7 or more people	<input type="checkbox"/>

71. Please indicate your age:

18-24	<input type="checkbox"/>	55-64	<input type="checkbox"/>
25-34	<input type="checkbox"/>	65-74	<input type="checkbox"/>
35-44	<input type="checkbox"/>	75-84	<input type="checkbox"/>
45-54	<input type="checkbox"/>	85+	<input type="checkbox"/>

Additional Suggestions or Comments
