



# TOWN OF KINGSTON SPRINGS

## RESIDENT SURVEY

The Kingston Springs Board of Commissioners are asking for your opinion on locally provided services, events, and facilities. The results of this survey will be used in developing short-term and long-term goals and priorities for the community. Please fill out the survey and return it to City Hall on or before Monday, February 1<sup>st</sup>.

Please indicate your level of agreement with the following:

1) The Town of Kingston Springs is:

Safe	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Clean	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
A good place to live	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Responsive to citizen's needs	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Keeps me well informed	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree

2) How satisfied are you about the following in your community?

Appearance of local businesses	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Quality of parks facilities	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Parks programming	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition of streets	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Accessibility of sidewalks	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Greenspace conservation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Crime & public safety services	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Drug & alcohol abuse services	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Senior citizens issues	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Sewer services	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Maintenance of Right-of-ways (ROW)	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Appearance of homes or apartments	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

3) Should the Town actively try to grow, develop, & expand? ☐ Yes ☐ No ☐ Unsure

4) What services or programs would you be willing to pay higher taxes or fees for if the service level could be increased? Check one box for each service.

Fire protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Police protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Parks & recreation facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Parks events & athletic leagues, & programming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Code enforcement & property maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Transportation & infrastructure development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Small business & commercial development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Solid waste & recycling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

5) The two things I like most about my community are:

\_\_\_\_\_, & \_\_\_\_\_.

6) The two things I think the Town should work to improve are:  
\_\_\_\_\_, & \_\_\_\_\_.

7) From the following list, please mark the three (3) services or facilities you would support being expanded or constructed if funds were available.

- ☐ Greenways/trails
- ☐ Sidewalks
- ☐ Farmer’s market
- ☐ Local history
- ☐ Directional signage
- ☐ Outdoor recreation areas
- ☐ Public art
- ☐ Amphitheatre
- ☐ Other: \_\_\_\_\_

8) How would you rate the maintenance and appearance of the downtown area (North Main Street?)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Needs Improvement

9) How would you rate the maintenance and appearance of the highway service area (Luyben Hills Road?)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Needs Improvement

10) Overall, how would you rate the services provided by the Town of Kingston Springs?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

11) In interacting with Town staff, are you left with a positive impression?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

12) Do you feel the Town makes proper use of revenues, technology, and other resources?

- ☐ Yes
- ☐ No
- ☐ Unsure

13) Of the following outcomes, which is your first, second, and third priority?

- Safer neighborhoods

☐ First

☐ Second

☐ Third
- A growing economy

☐ First

☐ Second

☐ Third
- Better infrastructure

☐ First

☐ Second

☐ Third
- Innovative government

☐ First

☐ Second

☐ Third
- A cleaner town

☐ First

☐ Second

☐ Third
- A greener town

☐ First

☐ Second

☐ Third
- Other: \_\_\_\_\_

☐ First

☐ Second

☐ Third

14) What specific goals do you believe the community should work to achieve in the next five to ten years?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

15) My property address is: \_\_\_\_\_

Please return this survey form to Kingston Springs City Hall, (P.O. Box 256, 396 Spring Street, Kingston Springs, TN 37082) before, Monday, February 1<sup>st</sup>. For any questions or further information, contact City Manager Mike McClanahan at [citymanager@kingstonsprings-tn.gov](mailto:citymanager@kingstonsprings-tn.gov), or (615) 952-2110 Ext. 15.



## Optional Demographics Slip

In order to better understand if the survey is representative of the demographics of Kingston Springs, additional optional information is requested. Please complete this demographic slip based on the respondent's information and return it with the survey form.

1) Respondent's information:

Age

- ☐ Under 18
- ☐ 18-30
- ☐ 31-45
- ☐ 45-60
- ☐ 61+

Gender

- ☐ Female
- ☐ Male

Ethnicity

- ☐ African American
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native American
- ☐ Other

2) How long have you lived in the Town of Kingston Springs?

- ☐ 0-2 Years
- ☐ 3-10 Years
- ☐ 11-20 Years
- ☐ 21+ Years

3) What is your household income?

- ☐ Under \$15,000
- ☐ \$15,001-\$30,000
- ☐ \$30,001-\$50,000
- ☐ \$50,000-\$75,000
- ☐ \$75,000 & Over

4) Have you attended a Town-sponsored public event, meeting, or sports league in the past year?

- ☐ Yes
- ☐ No

5) What is the size of your household?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5+

6) Please name the City or County in which you work: \_\_\_\_\_

- ☐ I work at home
- ☐ Retired, or don't work

7) How do you receive information about Town operations, programs, & services?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Newspaper                       | <input type="checkbox"/> Radio               | <input type="checkbox"/> Flyers/brochures |
| <input type="checkbox"/> Social media (Facebook/Twitter) | <input type="checkbox"/> Website             | <input type="checkbox"/> Word of mouth    |
| <input type="checkbox"/> Television                      | <input type="checkbox"/> Civic organizations | <input type="checkbox"/> Other: _____     |

8) Do you have any comments regarding the survey? \_\_\_\_\_

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