

## ABOUT YOU: THE RESIDENT

All responses are confidential and will not be shared with the public.

Any contact information will only be used if follow-up is requested. Be sure to Check the Box at the end of this survey if you wish to be contacted for any reason.

Name (optional): \_\_\_\_\_

Physical Village Address (optional): \_\_\_\_\_

Email Address/Phone (optional): \_\_\_\_\_

Gender  Male (He/Him)  Female (She/Her)  Non-Binary (They/Them)

Please select the age groups of adults in your home  18-25  26-35  36-45  46-55  
 56-65  66-75  75+

How many adults aged 18+ live in your home? \_\_\_\_\_

How many children aged 0-17 live in your home? \_\_\_\_\_

Do any members of your household have a physical or mental handicap? Select all that apply.

<input type="checkbox"/> No Disability in Household	<input type="checkbox"/> Temporary Physical Handicap	<input type="checkbox"/> Permanent Physical Handicap	<input type="checkbox"/> Joint Disease/Disorder
<input type="checkbox"/> Depression/ Anxiety	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Autistic Spectrum	<input type="checkbox"/> Dementia
<input type="checkbox"/> Vision Impairment/ Blindness	<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Diabetic

If not listed, please do so here: \_\_\_\_\_

Veteran Status  Veteran  Non-Veteran

Highest Educational Achievement  < High School  High School / GED  Some College  2 Year Degree  
 4 Year Degree  Master's Degree  PHD

Marital Status of Homeowner  Married  Single  Divorced  Widowed

Current Employment Status  Full Time  Part Time  Seasonally  Self Employed  
 Disability  Retired  Unemployed  Student

Annual Household Income  less than \$10,000  \$10,000 - \$19,999  \$20,000 - \$29,999  30,000 - \$39,999  
 TRU \$40,000 - \$59,999  \$60,000 - \$74,999  \$75,000 - \$99,999  \$100,000 +

Primary Form of Employment  
(if retired, please select other)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Agriculture    | <input type="checkbox"/> Construction   | <input type="checkbox"/> Finance/Insurance | <input type="checkbox"/> Food/Beverage          |
| <input type="checkbox"/> Hospitality    | <input type="checkbox"/> Manufacturing  | <input type="checkbox"/> Medical           | <input type="checkbox"/> Wholesale/Distribution |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Retail/Service | <input type="checkbox"/> Unemployed        | <input type="checkbox"/> Government/Military    |
| <input type="checkbox"/> Education      | <input type="checkbox"/> Retired        | <input type="checkbox"/> Other _____       |   |

Do you and/or others in your household work in Oronoco?

- YES  NO

If NO, in what other communities do you and/or others in your household work? \_\_\_\_\_

Why do you choose to live in Oronoco? \_\_\_\_\_

Is there anything else you would like us  
to know about you or a member of your  
household?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOUSING

This section will focus on the types of housing that currently exists and types of future developments.

What type of home do you live in?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Single Family Home<br>(in developed area) | <input type="checkbox"/> Single Family Home<br>(Farmhouse) | <input type="checkbox"/> Single Family Home<br>(Rental) | <input type="checkbox"/> Apartment Building  |
| <input type="checkbox"/> Duplex                                    | <input type="checkbox"/> Condominium                       | <input type="checkbox"/> Townhome                       | <input type="checkbox"/> Trailer/Mobile Home |
| <input type="checkbox"/> Assisted Living                           | <input type="checkbox"/> Retirement Home                   | <input type="checkbox"/> Other _____                    |  |

Do you own, rent or sublet your primary residence?

- Own  Rent  Sublet

In the next five to ten years, are you  
more likely to:

- Remain in current home  May be looking to  
downsize to a smaller,  
more manageable home  May be looking to move  
into something bigger

How important is it for you to be  
able to live independently in your  
own home as you age?

- Not Important  Somewhat Important  Important  Very Important

What type of housing do you feel the  
city is most in need of?  
(select up to 5)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Single Family Home<br>(in developed area) | <input type="checkbox"/> Single Family Home<br>(Farmhouse) | <input type="checkbox"/> Single Family Home<br>(Rental) | <input type="checkbox"/> Apartment Building   |
| <input type="checkbox"/> Duplex                                    | <input type="checkbox"/> Condominium                       | <input type="checkbox"/> Townhome                       | <input type="checkbox"/> Trailer/ Mobile Home |
| <input type="checkbox"/> Assisted Living                           | <input type="checkbox"/> Retirement Home                   | <input type="checkbox"/> Other _____                    |   |

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When you think of growing older, what are the top 3 things related to housing that will be most important to you?

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

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What might prevent you from living in the type of home you desire in the future?

\_\_\_\_\_

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Do you own developable property in or around the city of Oronoco?

Yes  No (skip to next question)

Would you ever be interested in selling or developing your property for residential, commercial or industrial expansion?

Yes to Industrial  Yes to Commercial  Yes to Residential

Yes to All  No to All

\*If you answered yes to either of the above questions, please be sure to leave contact information at the top of the survey.

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Any other thoughts, suggestions or comments regarding the city's housing needs and/or current housing stock?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## ECONOMIC DEVELOPMENT

This section will discuss the types of development that **you** feel is most needed, desired, not desired, etc. Your input will help the city to know where to focus resources.

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What types of businesses do you feel that Oronoco is most in need of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Would you like to see commercial and/or industrial expansion within the city of Oronoco?

YES  NO

Why or why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you feel that more jobs are needed in our area?  YES  NO

If yes, what kind of jobs? \_\_\_\_\_

What barriers, do you feel, exist for those interested in starting their own businesses in our area? \_\_\_\_\_

What types of programs and/or assistance do you think would benefit our local businesses and budding entrepreneurs? \_\_\_\_\_

Do you believe that the city would benefit from a co-working space with public wi-fi?  YES  NO

Why or Why Not? \_\_\_\_\_

Where do you do your grocery shopping? \_\_\_\_\_

What role do **you** feel the city should play in assisting with small business development? \_\_\_\_\_

What role to **you** feel the city should play in assisting with residential development? \_\_\_\_\_

Any other thoughts, suggestions, concerns or comments on Economic Development that you would like to share?

### COMMUNITY FACILITIES AND AMENITIES

This section will address the city owned properties and amenities within the community.

How would you rate the quality of City Hall and its gathering spaces?  Unsatisfactory  Poor  Good  Excellent

Why did you give it that rating? \_\_\_\_\_

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How would you rate the city's current wayfinding signage for locating amenities and welcoming you to the city?

Unsatisfactory       Poor       Good       Excellent

Why did you give it that rating? \_\_\_\_\_

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How would you rate the quality of the city's outdoor spaces?

Unsatisfactory       Poor       Good       Excellent

Why did you give it that rating? \_\_\_\_\_

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How would you rate the quality of the city's parks and playgrounds?

Unsatisfactory       Poor       Good       Excellent

Why did you give it that rating? \_\_\_\_\_

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How would you rate the quality of the city's Pedestrian Trails? (walking, biking, rollerblading, etc.)

Unsatisfactory       Poor       Good       Excellent

Why did you give it that rating? \_\_\_\_\_

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How would you rate the quality of the city's Recreational Trails? (snowmobiling, horse trails, fat tire biking, ATV, etc.)

Unsatisfactory       Poor       Good       Excellent

Why did you give it that rating? \_\_\_\_\_

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Do you feel the city provides sufficient recreational opportunities for Children?

YES       NO

Why or Why Not? \_\_\_\_\_

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Do you feel the city provides sufficient recreational opportunities for Adults?

YES       NO

Why or Why Not? \_\_\_\_\_

Do you feel the city provides sufficient recreational opportunities for Seniors?  YES  NO

Why or Why Not? \_\_\_\_\_  
\_\_\_\_\_

Do you feel the city provides sufficient recreational opportunities for Families?  YES  NO

Why or Why Not? \_\_\_\_\_  
\_\_\_\_\_

Are you aware that local electric and gas utilities offer rebates for energy audits and the purchase of more efficient appliances and machinery?  YES  NO

What types of facilities or amenities would you like to see added or improved in the community? Please be as detailed as possible.

\_\_\_\_\_  
\_\_\_\_\_

What do you feel should be the city's top three priorities? Please be as specific/detailed as possible

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Any other thoughts, suggestions, concerns or comments on community facilities and/or amenities that you would like to share?

\_\_\_\_\_  
\_\_\_\_\_

**LOCAL GOVERNMENT AND PUBLIC SERVICE**

This section will address YOUR perception of our local government, volunteer opportunities and engagement.

Do you believe that your local government is trustworthy and operates with transparency?  YES  NO

Why or why not? \_\_\_\_\_  
\_\_\_\_\_

Do you regularly vote in local elections?

YES

NO

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

Do you believe that your local government has good intentions when it comes to making citywide decisions?

YES

NO

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

Do you believe that your local government is accessible to all residents?

YES

NO

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

What do you think that the city and its government is doing well?

\_\_\_\_\_  
\_\_\_\_\_

Where do you feel the city and its government needs to improve?

\_\_\_\_\_  
\_\_\_\_\_

Do you feel there are opportunities for you to volunteer within your community?

YES

NO

Have you been interested in serving your community through local government committees?  
(Economic Development, Planning & Zoning, Etc.)

YES

NO

If yes, have you ever applied?

YES

NO

Why or Why Not?

\_\_\_\_\_

How/Where do you learn about community events or local volunteer opportunities?

\_\_\_\_\_

Do you like having the opportunity to anonymously voice your opinions and concerns with the city?

YES

NO

Why or Why Not?

\_\_\_\_\_  
\_\_\_\_\_

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Any other thoughts, suggestions, concerns or comments on local government or public service that you would like to share?

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## TRANSPORTATION

This section will address how you get around in your community

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How do you get around to shop, go to the doctor, etc.?

<input type="checkbox"/> Drive Yourself	<input type="checkbox"/> Have others drive you	<input type="checkbox"/> Walk	<input type="checkbox"/> Taxi/Ride Share
<input type="checkbox"/> Chartered Services	<input type="checkbox"/> Other: _____		

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How would you rate the quality of Oronoco city streets?

<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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Why did you give it that rating \_\_\_\_\_

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How would you rate the quality of city sidewalks?

<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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Why did you give it that rating \_\_\_\_\_

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How would you rate the quality of the city's public parking?

<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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Why did you give it that rating \_\_\_\_\_

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How would you rate the current signage welcoming visitors to the city?

<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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Why did you give it that rating \_\_\_\_\_

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Can children in your neighborhood safely get to school by walking and biking *without* having to be on the street?

Why or Why Not? \_\_\_\_\_

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How likely are you to purchase an electric vehicle in the next five years?  Unlikely  Somewhat Unlikely  I Would Consider It  Fairly Likely  
 Very Likely  I Already Own One

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Any other thoughts, suggestions or comments about transportation? \_\_\_\_\_

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### HEALTH AND COMMUNITY SUPPORT SERVICES

This section will explore how you feel about the health and support services available in Oronoco.

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Do you feel that you have access to an adequate range of health & community support services for promoting, maintaining and restoring health?  YES  NO

If no, please explain why: \_\_\_\_\_

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Do you feel you have adequate access to end-of-life resources and support?  YES  NO

If no, please explain why: \_\_\_\_\_

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Do you feel you have adequate access to sufficient and accessible burial sites?  YES  NO

If no, please explain why: \_\_\_\_\_

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Do you feel the city provides adequate ambulance services for residents?  YES  NO

If no, please explain why: \_\_\_\_\_

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Do you feel the city provides adequate fire services for residents?  YES  NO

If no, please explain why: \_\_\_\_\_

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Do you currently have access to affordable and accessible mental health services?  YES  NO

If no, please explain why: \_\_\_\_\_

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How often do you engage in some form of physical exercise? (walking, biking, running, swimming, yoga, golf, etc.)  Every Day  Several times a week  About once a week  
 Once or twice a month  Less than once a month

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How important is it to you that you remain physically active for as long as possible?  Extremely Important  Somewhat Important  Not Important

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How likely is it that you will need any of the following services in the next 12 months?

	Very Likely	Somewhat Likely	Not Likely
Personal Care at Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home-Delivered-Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling out Forms or Preparing Taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing Errands, shopping, banking or picking up medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Any other thoughts, suggestions or comments about Health and Community Support Services?

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## COMMUNITY IDENTITY

This section will address the ways that YOU view your community and its future.

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What is a word(s) or phrase that you would use to describe Oronoco: \_\_\_\_\_

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What do you feel is the best thing about living in Oronoco? \_\_\_\_\_

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What do you think is the worst thing about living in Oronoco? \_\_\_\_\_

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If you could change one thing about Oronoco, what would it be? \_\_\_\_\_  
\_\_\_\_\_

Do you feel welcome in the community?  YES  NO  
Why or Why Not? \_\_\_\_\_  
\_\_\_\_\_

Do you feel the community does enough to support diversity in the community?  YES  NO  
If no, why? and How can we do better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else that you want city staff and elected officials to know about related to diversity, inclusivity or Identity?  
\_\_\_\_\_  
\_\_\_\_\_

**WRAPPING UP**

**You have come to the final section of the community survey. About time, right!**  
Please remember that if any of your answers may require follow-up, please leave your name and how to contact you.  
Contact information will ONLY be used to contact you regarding this survey, and only if you check the box indicating to do so below.  
Please send any additional comments or questions to the Oronoco Economic Development Authority Director, Rebecca Charles at [Rebecca.Charles@cedausa.com](mailto:Rebecca.Charles@cedausa.com)

Are there any last thoughts, comments or concerns, etc. that you would like us to know about or consider during the city's planning process?  
Use back page for additional space.  
\_\_\_\_\_  
\_\_\_\_\_

If you would like to be contacted regarding questions or comments in your survey, please indicate so here.  Contact Me! I have Questions/Comments  
We will NOT contact you unless you do so.  Do Not Contact Me

**Thank you again for taking the time to address this survey. We couldn't successfully plan for the city's future without your help!**