

19. When thinking about the future, what values should matter most in the decision-making process of City Council?

Please indicate how important the following values are to you:

	Most Important	Very Important	Important	Slightly Important	Not at all Important	N/A
Resident preference or convenience	<input type="radio"/>					
Cost to city & taxpayers	<input type="radio"/>					
Quality	<input type="radio"/>					
Creation of new jobs	<input type="radio"/>					
Environmental impact	<input type="radio"/>					
Preservation of the City's character	<input type="radio"/>					
Utilization of new technology infrastructure	<input type="radio"/>					
Planning for the future	<input type="radio"/>					

20. How long have you lived in Rockland?

- 1 year or less
- 2–5 years
- 6–10 years
- more than 10 years

21. Which of the following describes your residency in Rockland?

- Year-round resident (more than 6 months of the year)
- Seasonal resident (less than 6 months of the year)
- Non-resident
- Other _____

22. Which of the following applies to you? (check all that apply)

- Registered voter in Rockland
- Owner of a residential home/unit in Rockland
- Renter of a residential home/unit in Rockland
- Owner of vacant land in Rockland
- Owner of a commercial property in Rockland
- Owner of a business in Rockland

23. Indicate how many children live in your household and where they go to school:

(if you don't have any children, please skip this question)

	Rockland Public	Private School	Home Schooled	In College	Not in school
Pre – School (under 5)	_____	_____	_____	_____	_____
Elementary school-aged	_____	_____	_____	_____	_____
Middle school-aged	_____	_____	_____	_____	_____
High school-aged	_____	_____	_____	_____	_____
Children 18–24	_____	_____	_____	_____	_____

24. Which describes your current employment level? (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Full-time employed | <input type="checkbox"/> Work two jobs | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part-time employed | <input type="checkbox"/> Work more than two jobs | <input type="checkbox"/> Looking for work |
| <input type="checkbox"/> Seasonally employed | <input type="checkbox"/> Self-employed | <input type="checkbox"/> On disability |
| <input type="checkbox"/> Work one job | <input type="checkbox"/> Telecommute | <input type="checkbox"/> Retired |

25. If you are a business owner, how many people do you employ?

- | | |
|--|---|
| <input type="checkbox"/> Just myself | <input type="checkbox"/> 9–15 employees |
| <input type="checkbox"/> 1–3 employees | <input type="checkbox"/> 16–25 employees |
| <input type="checkbox"/> 4–8 employees | <input type="checkbox"/> More than 25 employees |

SURVEY COMPLETE – THANK YOU FOR YOUR PARTICIPATION!!!