

Resident's Survey Form

Please take a few minutes to completely fill out both sides of this survey and return it with your payment. Subsequent correspondence from the Association will reflect the information you provide. The SCHA Board of Trustees welcomes your feedback. Your information and answers will be kept confidential. Your answers will help the Board address Members' concerns and meet the needs of our community. Thank you for your participation.

First Name			Last Na	me.		
						_
,	Turners		State:			08012-2885
Telephone:						
Littali addies	o					
General Q	uestion	S				
If and the			! !	! a.k! !		
If available	would yo	u be interested	in partic	ipating in ai	ny of the foll	lowing:
0	0	0	0	0	0	
Community		Babysitting			,	
Yard Sale	Party	Co-Op	Pools	Parade	Bike Parade	
Do you have	e access t	o the internet?	W	ould you lik	e to receive	Assoc. news via e
0	0			0	0	
Yes	No			Yes	No	
Will you att	end an As	sociation Meeti	ng if the	y are held a	t a more cor	venient location?
0	0					



phone numl		ed in a resident's directory that will list your name, address and		
0	0			
Yes	No			
Would you l	ike to receive a	resident's directory with names, addresses and phone numbers?		
0	0			
Yes	No			
Have you vi	sited our websi	te www.sawyerscreek.org?		
0	0			
Yes	No			
		priate activities, the Board would like to know the age groups of the en. Please complete the following:		
Number of children Age of each child				
Examples	(2 children-age	s 7 and 10) or (3 children-ages 6 (twins) and 9)		
Additiona				
	I Feedback			
Please share		s about the community:		
Please share		ts about the community:		
Please share				