

SURVEY

1. Please enter your street
2. Please rank the hazards that concern you the most (1 = greatest concern; 12 = lowest concern):

- | | |
|--|--|
| <input type="checkbox"/> Hail | <input type="checkbox"/> Transportation/Rail Accident |
| <input type="checkbox"/> Ice Storm | <input type="checkbox"/> Dam/Levee Failure |
| <input type="checkbox"/> Utility Outage | <input type="checkbox"/> Hazardous Material Accident/Spill |
| <input type="checkbox"/> Drought/Extreme Heat | <input type="checkbox"/> Pipeline Accident |
| <input type="checkbox"/> Tornado/High Wind | <input type="checkbox"/> Wildfire |
| <input type="checkbox"/> Residential/City Fire | <input type="checkbox"/> Flood |

4. Do you live in a designated flood hazard area? **Y** **N**
5. Do you carry flood insurance? **Y** **N**
6. Would you voluntarily evacuate during a declared disaster event if ordered by local authority? **Y** **N**
7. Has your home ever flooded? **Y** **N**
8. Is there another hazard not listed in this survey that you think is a wide-scale threat to your neighborhood? If so, please state your answer here:

9. Has any hazard in your neighborhood increased in severity in recent years?

10. In your opinion, what are some steps your local government could take to reduce or eliminate the risk of future damage in your neighborhood?
