

# BUENA PARK POLICE DEPARTMENT

## COMMUNITY ORIENTED POLICING NEIGHBORHOOD SURVEY

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

**FOR POLICE USE ONLY**

SURVEYOR \_\_\_\_\_  
 R.D. \_\_\_\_\_

**1. How SAFE is it for you to walk in your neighborhood after dark?**

Very Safe     
  Safe     
  Somewhat Safe     
  Unsafe     
  Very Unsafe

**2. Please identify your primary concerns regarding CRIMINAL activity in your immediate neighborhood/street.**

*Use #1 as the area of HIGHEST concern:*

Violent Crime   
  Thefts   
  Gangs  
 Vandalism       
  Narcotics  
 Other \_\_\_\_\_

Where? \_\_\_\_\_

**3. Please identify your primary concerns regarding NUISANCE activity in your immediate neighborhood/street.**

*Use #1 as the area of HIGHEST concern:*

Traffic                     
  Transients  
 Junk/Yard Cars       
  Loud Parties  
 Run-down Buildings  
 Other \_\_\_\_\_

Where? \_\_\_\_\_

**4. What problem would you like solved FIRST in your neighborhood?**

*Please select ONE category only:*

Abandoned Cars     
  Gangs  
 Graffiti/Vandalism   
  Illegal Vendors  
 Juveniles               
  Loud Parties  
 Narcotics               
  Pan Handlers  
 Public Drinking       
  Prostitution  
 Stray/Barking Animals
  Thefts  
 Traffic                   
  Transients  
 Other \_\_\_\_\_

Where? \_\_\_\_\_

**5. How SATISFIED are you with the service provided by the Buena Park Police Department?**

Very Satisfied   
  Satisfied   
  Somewhat Satisfied   
  Dissatisfied   
  Very Dissatisfied

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Would you be willing to participate in any of the following Community Partnership programs?**

|  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Neighborhood Watch        | Name: _____                     |
| <input type="checkbox"/> Block Captain             | Address: _____                  |
| <input type="checkbox"/> Citizen Police Academy    | _____                           |
| <input type="checkbox"/> Civilian Volunteer        | Phone: Day (____) _____ - _____ |
| <input type="checkbox"/> Citizens on Patrol (CAPS) | Eve (____) _____ - _____        |
|  | Email: _____                    |