City of Mill Valley Community Survey

1. City of Mill Valley Community Survey

The City of Mill Valley is gathering information to update the Americans with Disabilities Act (ADA) Self-Evaluation and Transition Plan. We would appreciate it if you could take a few minutes to answer the following questions:								
1. What best describ	es you?							
Individual with a disability								
Family member or friend of an individual with a disability								
City resident								
Merchant or businessperson								
Visitor								
2. Overall, how would you rate the current level of accessibility to city buildings?								
Excellent	Good	Average	Poor					
3. Overall, how would	l you rate the cur	rrent level of accessibility (to city park facilities?					
Excellent	Good	Average	Poor					
4. Overall, how would you rate the current level of accessibility to city sidewalks?								
Excellent	Good	Average	Poor					
5. Please list any spe	ecific buildings o	r facilities which you have	accessibility concerns and					
describe the nature	of the concern:							
		A						
		<u>~</u>						
6. Please list any specific parks which you have accessibility concerns and describe the								
nature of the concern:								
		v						
7. Please list any specific curb, sidewalk or crossing locations where you have								
accessibility concerns and describe the nature of the concern:								

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8. If the city were to make accessibility improvements to curbs and sidewalks, how would							
ou rank the followi	ng priorities?	•					
	Highest Priority	High Priority	Medium Priority	Lower Priority	Lowest Priority		
Commercial Areas	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
City Facilities	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Bus Stops	\bigcirc	\bigcirc	\bigcirc	Q	Q		
Schools	\bigcirc	O	O	O	\bigcirc		
Residential Areas	\circ	\bigcirc	\bigcirc	\circ	\bigcirc		
). If the city were to	construct, re	place or retro	fit curb ramps h	ow would you	rank the		
ollowing priorities?							
	Highest Priority	High Priority	Medium Priority	Lower Priority	Lowest Priority		
Installing ramps at locations without curb ramps.		0					
Replacing existing ramps that are too steep or unsafe.	\bigcirc	\bigcirc		\bigcirc	\bigcirc		
Adding ramps to pedestrian crossings where one or more ramps are missing.	\bigcirc	\circ	\circ	\circ			
Installing detectable warnings (raised truncated domes).	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		
Retrofitting existing ramps that deviate slightly from current standards but are otherwise safe.	\bigcirc	\circ	\bigcirc	0	0		
otherwise sale.		hle Pedestriar	n Signals <i>(</i> signal	s that provide	audible		
10. Are you familiar of the formation that help Yes No 11. Are there any sp	o individuals ecific locatio	with visual im ns where you	pairments cross	the street)?			
10. Are you familiar information that help	o individuals ecific locatio	with visual im ns where you	pairments cross	the street)?			
10. Are you familiar information that help Yes No 11. Are there any sp	o individuals ecific locatio	with visual im ns where you	pairments cross	the street)?			
10. Are you familiar information that help Yes No 11. Are there any sp	o individuals ecific locatio cross streets	with visual im ns where you ?	pairments cross	the street)?	ı signals		

e provided?	
- P	
4. If you experience acce	ssibility problems with city sidewalks, facilities or city programs
re you aware of who in th	
Yes	
No No	
F A	
	ou ever unable to participate, access information or obtain city following circumstances?
7	
Facility not accessible	Sign language interpreter not provided City website not accessible
Program not accessible	Materials not available in alternate format (Braille, large print or electronic)
Transportation not provided	Assistive Listening Device not provided
Other (please specify)	
Other (please specify)	
	the question above, please describe the situation and
6. If you answered yes to	the question above, please describe the situation and
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6. If you answered yes to rcumstances:	
6. If you answered yes to ircumstances:	the question above, please describe the situation and
6. If you answered yes to ircumstances:	
6. If you answered yes to ircumstances:	
6. If you answered yes to ircumstances: 7. Do you have any addit 8. If the city were to hold	ional comments or concerns? a meeting to discuss and/or prioritize accessibility
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6. If you answered yes to ircumstances: 7. Do you have any addit 8. If the city were to hold inprovements would you in the city were to hold inprovements would you in the city were to hold inprovements would you in the city were to hold inprovements would you in the city were to hold inprovements would you in the city were to hold inprovements would you in the city were to hold inprovements would you in the city were to hold in the city wer	ional comments or concerns? a meeting to discuss and/or prioritize accessibility be interested in participating?

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*20. Please provide your contact information (optional):						
Name:						
Company:						
Address:						
Address 2:						
City/Town:						
State:						
ZIP/Postal Code:						
Country:		1				
Email Address:						
Phone Number:						