Community Streets



Feedback Form

Thank you so much for taking the time to provide feedback on the Community Streets event you attended. Your feedback is invaluable to us and the organisers, and we really appreciate it!

Street:		
Date:		

Do you feel th	at this event ma	de the street fe	eel:				
Much more pleasant	A bit more pleasant	Neither more no less pleasant	or A bit less pleasant	Much less pleasant	20		
Do you think the street felt safer for walking and cycling during the street closure? 3 Have you had more contact with neighbours than usual?							
A lot	A little	Not at all	More	Less S	ame Not a resident		
Has the street	closure caused	you any	_	ı used a car mor the street closu	e or less today as a re?		
Not at all	A little	A lot	More	Less	Same		
Would you like the street closure to be repeated:							
Never	Occasiona	ılly Re	egularly	Permanently	Not sure		

7 Do you have any other comments on the

street closure?

8 If willing, please let us know a bit about yourself: (please circle)

Age		Gender	Are you a local resident?
16-19 30-44	20-29 45-59	Female	Yes, I live on this street
60-74	75-84	Male	Yes, I live on a nerby street
85+		Other	No, visitor

Thank you so much for taking a few minutes to share your thoughts with us, we really appreciate it!