Thank you

for your input to help the City of New Smyrna Beach to develop a long-range vision plan.

1. In what zip code do you live? _____

2. What is your gender? Please select one: ◯ Male ◯ Female

3. In what year were you born? _____

4. Do you own property within the New Smyrna Beach city limits? ◯ Yes ◯ No

5. **Of the following items, which five items do you feel should be a priority? Items are listed in alphabetical order.**

◯ Appearance of S.R 44
◯ Better-paying local jobs/Economic development
◯ Determining best use and management of public property
◯ Financial strategic plan for 2015-2039 for the City's budget
◯ Parks and recreation, open spaces and trails system
◯ Partnering with regional cities to provide municipal services
◯ Preservation of historical resources and neighborhood character
◯ Protection of the Indian River Lagoon
◯ Providing programs to encourage healthy communities
◯ Redevelopment of U.S. 1
◯ Transportation issues
◯ Use of rural & agriculture lands & the Turnbull Bay Road/Pioneer Trail annexation area

◯ Other _____

Would you like to receive information as we continue to chart our course?

If so, what is your email address? _____

Thank you for your input,
City of New Smyrna Beach

Charting our Course
NSB 2039!

NEW SMYRNA BEACH