Name: _____ District: _____

Question 1

What is your biggest concern regarding public safety?

_____

_____

_____

_____

Question 2

What is your secondary concern regarding public safety?

_____

_____

_____

_____

Question 3

Do you have any other concerns?

_____

_____

_____

_____

Question 4

What are your recommendations or suggestions?

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_____

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