



NEIGHBOR SURVEY FORM

2009 UNIVERSITY DISTRICT CERTIFICATION

TO BE HAND DELIVERED BY ORGANIZATION AND COMPLETED BY NEIGHBOR. Please type or write legibly. Feel free to add additional sheets if necessary. Return to organization or mail to the Planning Commission.

Date: _____

Name of Organization: _____

Property Location: _____

Name of Neighbor: _____

Neighbor's Address: _____

Neighbor's Signature: _____

Do you own or rent? If rent, what is the name of the property owner?

Have you experienced any of the following problems?

1. Parking Yes No If yes, please specify:

2. Noise/loud parties? Yes No If yes, please specify:

3. Appearance of property? Yes No If yes, please specify:

4. Have you experienced any other problems with this organization? Yes No If yes, please specify:

5. Do you have any suggestions for improvement? Yes No If yes, please specify:

6. Additional Comments:

Return this completed form to:

University District Review Committee
City-County Planning Commission
1141 State Street
Bowling Green, KY 42101

If you have questions call 270.842.1953 or email marshall.robinson@bgky.org

Thank you for your time!

FOR OFFICE USE ONLY:

Date Received: _____

Reviewed by: _____ Date: _____