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PUBLIC WORKS DEPARTMENT 1769 Georgetown Rd. Hudson, OH 44224

(330) 342-1750

RECYCLING AND REFUSE SURVEY

Question	Response					
1. How concerned are you with the number of	Not Somew		hat Very			
refuse (trash) haulers in your neighborhood?	Concerne	d Concer	ned	Concerned		
2. What are your concerns with the current						
refuse / recycling program in the City? Rate						
the order of importance (1 being least						
important and 5 being most important)	Least Important Most Importan					
Damage to roads	1		3 4	5		
Noise	1	2	3 4	5		
Recycling service currently offered	1 2		3 4	5		
Too many trash haulers	1	2	3 4	5		
Trash collection too many days of the	1	2	3 4	5		
week in neighborhoods (aesthetics)	1 2		3 4	3		
Additional Concerns?	Write in					
3. Would you participate in a city-wide refuse /						
recycling program if it reduced your trash	Yes		No			
bill?						
4. How concerned are you about the price you	Not Somew		,			
pay for refuse and recycling services?	Concerned Concer		rned Concerned			
5. What services are you most important to						
you? Rate the order of importance (1 being						
least important and 5 most important)	Least Impor		Most Important			
Collection of yard waste			3 4	5		
Door to Door Service	1	2	3 4	5		
Day of the week trash is collected			3 4	5		
Use of a 96 gallon cart for trash			3 4	5		
Use of a recycle cart	1	2	3 4	5		
Additional Concerns?	Write in					
6. How satisfied are you with your current	Not	Somewhat	Very	No		
refuse and recycling company?	Satisfied	Satisfied	Satisfied	Preference		
7. Would you be willing to switch to a						
different hauler if it would result in fewer	Yes			NT-		
trash haulers or reduce the number of			No			
collection days?						
8. What is your age group?	18-24 25-34 35-44 45-54 55-64 65+					

CITY OF HUDSON

9. How many individuals live in your home?	1	2	3	4	5	more
10. Are you:	Female			Male		