

1. Based on the proposal that was developed from the Lido Key Neighborhood Associations sub-committee recommendation to the City Commission, which component(s) do you want to implement? Please rank the option below, with 1 being the most preferred option. Please do not duplicate numbers.

- _____ Upgrade the restrooms/Bath House
- _____ Renovate and expand the Snack Bar Concession, including an enlarged kitchen for potential catering of a new Community Room
- _____ Add a Tiki Bar with outdoor seating
- _____ Renovate the Gift Shop
- _____ Add Cabanas and other shade sources to the pool area
- _____ Add a Playground for Tots and older kids (to age 12) with shaded seating for parents
- _____ Add a Small Performance Stage
- _____ Add Shade Structures, more Landscaping that provides shade and picnic tables

2. Overall, do you approve of the City's approach of partnering with a private vendor on the operations and maintenance of the Lido concessions, restrooms, pool and other recreational components along with the construction of the improved enhancements by the private vendor? Circle one only.

- a. Yes
- b. No
- c. Undecided
- d. Somewhat

3. How many times in the last 12 months have you utilized the current Lido Beach facilities?

- a. None
- b. 1-2
- c. 3-4
- d. 5-6
- e. More than 6 times.

4. Based on the ITN Proposal, if these proposed improvements are completed, which one(s) would you most likely use? Please rank the options below, with 1 being the most preferred option. Please do not duplicate numbers.

- _____ Restaurant and enhanced outdoor seating
- _____ Sundry services
- _____ Tiki bar
- _____ Restroom improvements
- _____ Pump house and lifeguard building
- _____ Shade structure over courtyard
- _____ Pool deck remodel/improvements
- _____ Splash pad
- _____ Landscaped miniature golf course
- _____ Playground
- _____ Enhanced Landscaping

5. With the proposed enhancements, will you plan to visit more or less? Circle one.

- a. More often
- b. Less often
- c. Not Sure

6. Please Rate the following areas for the current facility.

Category	Satisfied	Unsatisfied	Neutral	No Response
Availability of Services/Venues				
Cleanliness				
Functionality of Facilities				
Location of Facilities				
Quality Services by Vendors				
Quality of Service by City				
Overall Experience				

7. Other than what has been proposed, what would you prefer to see done to this facility and its' amenities? Please use the back it needed. Be sure to start by numbering the question you are expanding on.

- a. Nothing, leave as is
- b. Implement all what was proposed
- c. Don't care either way
- d. Other

8. Additional Feedback (Optional). Please use the back of this page for additional writing space. Please remember to include the question number.

9. Would you like someone from the City to contact you? (Optional)

- a. Yes
- b. No

If yes, please provide the following information.

Name: _____

Contact Number: _____