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| **Page**  **Number** | **Are you proud of where you live?** | | | **Do you feel part of your local community?** | | | **Do you feel as though your voice is listened to?** | | | **Optional contact details capture 1** | **Optional contact details capture 1** |
|  | **Yes** | **No** | **Don’t know** | **Yes** | **No** | **Don’t know** | **Yes** | **No** | **Don’t know** |  |  |
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**Civic group name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of person conducting survey \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**