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ARCHITECTURE
ENGINEERING
PLANNING
INTERIORS

Cannon Beach Elementary Rejuvenation Project Survey

Name:

Date:

1. Which best describes you (Please check one)?:

- ☐ Resident
- ☐ Part Time Resident
- ☐ Visitor

2. If a resident, how long have you lived in Cannon Beach (Please check one)?:

- ☐ Less than a year
- ☐ One year or more but less than five years
- ☐ Five years or more

3. What drew you to Cannon Beach and what makes Cannon Beach unique to you?

4. How excited are you to see the Cannon Beach Elementary School and site revitalized (1 being not excited and 5 being very excited)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

5. Please identify your concerns for the project if any:

6. What do you foresee the major hurdles for the project to be?

7. What are you most excited about for this project?

8. What type of spaces or activities (indoor and outdoor) would you like to see for this project?



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9. Are there any special features that are important to you? (ex. Murals, Welcoming Man, etc)
10. Is there a message or feeling you want the project to convey?
11. Do you have any questions you would like the Project Team to address? If yes, please indicate below:

Please give completed survey to a Project Team representative wearing a yellow vest or e-mail to Kelly at kellyd@cidainc.com. Public input may also be provided via the project website at reimaginecbe.com.

Thank you for your participation!

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