

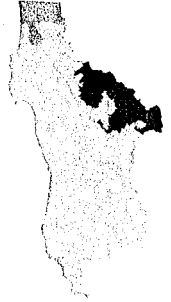


# Community of Interest Survey

Community Name: \_\_\_\_\_

*Bayshore*

Use the same Community Name if you are submitting a map online at  
<https://SmcDistrictLines.org/draw-a-map>



## 1. What is your Community of Interest?

Describe your community's shared culture, interest, activity, business or other bond.

*I clean the streets weekly*

## 2. Where is your Community of Interest?

Explain the geographic boundaries of your community of interest. What are the physical boundaries? Include any key landmarks such as parks, county facilities, schools, church, or other boundaries.

*I live on oriente lost of trash from neighboring cities, Dollar tree food places*

## 3. How is your Community of Interest Impacted?

Describe how your community is affected by policy decisions made by the Board of Supervisors. (County services include housing, healthcare, elections, parks and recreation, child welfare, and public benefits).

*I clean up my neighborhood*

### Optional Information:

Name: \_\_\_\_\_

*Tiffany Hansen*

Email: \_\_\_\_\_

Which District do you live in?  District 1  District 2  District 3  District 4  District 5

If you're not sure, look up your district at: <https://bos.smcgov.org>

Can we contact you with additional redistricting information?  Yes  No

