

Mandatory Questions

First, Last Name:

Physical Home Address:

County of Residence:

Email Address:

Please check the appropriate box below:

<box> I confirm that I AM a resident of Delaware County, New York.

<box> I confirm that I AM NOT a resident of Delaware County, New York.

Open Ended Questions:

Optional Questions

What safety, policy, social, or other issues are most important to you regarding the Delaware County Sheriff's Office?

<box for input>

What would you like to see stay the same or change at the Delaware County Sheriff's Office?

<box for input>

If you believe that you have experienced racial insensitivity by the Delaware County Sheriff's Office, please share your experience.

<box for input>

Please share your thoughts about the experiences that you have had with the Delaware County Sheriff's Office.

<box for input>

Open Comment:

Mandatory Question

Is there anything else that you would like to share with the Delaware County Sheriff's Office and the Community Task Force?

<box for open comments>