

Town of Greenburgh Committee to Study Deer Population Increase Needs Your Responses

The Town of Greenburgh is establishing a committee to study the effects of the startling increase in the deer population in our Town.

Our first task is to gather information from you, the residents of the Town of Greenburgh. You may help by returning your responses to the following questions promptly.

Feel free to note further details on a separate sheet of paper to return with your responses. Frequency of problems and health, financial, and related costs are important for us to consider.

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| <p>1) Are you aware of deer in your neighborhood?
___ Yes ___ No
<i>If yes</i>, when did you first notice deer? _____;
Have deer had an effect on the members of your household? ___ Yes ___ No (please specify or on separate sheet of paper)</p> <p>2) How many members of your household have had a deer tick bite? give # ___</p> <p>3) How many members of your household have been diagnosed with Lyme or any other tick-borne disease?
give # ___</p> <p>4) Has any member of your household been in a car accident in Greenburgh or nearby that involved a deer?
___ Yes ___ No</p> <p>5) Have members of your household curtailed outdoor activities (activities in town parks, walking, gardening, etc.) because of a concern for contracting tick-borne diseases? ___ Yes ___ No</p> | <p>6) Do you see the increase in the local deer population as a problem or threat to your family or to our community? ___ Yes ___ No</p> <p>7) Do you think that the deer population should be reduced?
___ Yes ___ No
<i>If yes</i>, what methods of controlling the deer population would you favor?
<input type="checkbox"/> Don't have enough information to respond
<input type="checkbox"/> Trap and ship out of area
<input type="checkbox"/> Trap and kill (possibly using the meat to feed the homeless)
<input type="checkbox"/> Tranquilize with dart; then ship/kill
<input type="checkbox"/> Shoot (hired rifle marksman, only with 25-50 ft of deer)
<input type="checkbox"/> Licensed hunting with bow and arrows
<input type="checkbox"/> Poison
<input type="checkbox"/> Other suggestions (please specify)</p> <p>8) (<i>If yes</i> to question 1-6) Would you complete and return a comprehensive questionnaire? ___ Yes ___ No or may we contact you for further information? ___ Yes ___ No</p> |
|---|--|

NAME: _____

ADDRESS: _____

If we need more information, we would like to contact you; if you are agreeable, please provide:

Phone (Circle: Hm Wk Cell) _____ Best time to call _____

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e-mail: _____

Your responses will be used for the statistical purposes of the study; personal data will remain strictly confidential

Please return completed questionnaire to:

Paul Feiner, Greenburgh Town Supervisor, Town Hall, 177 Hillside Ave., Greenburgh, NY 10607

www.greenburghny.com