



Connectivity Survey

Readsboro Broadband & Cell Committee

Your Name: _____ Address: _____
 (By providing your address it will help us update our service map)

Email: _____

Would you like us to email you the results of the Survey? Yes No

1. Who is your telephone provider? _____

2. Who is your internet provider? _____

3. Who is your cell phone provider? _____

4. What type of internet connection do you have?

Dial Up Broadband Other _____ Unsure None

5. Check off your level of satisfaction with the following Types of Services:

Type of Service (check what applies to you)	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
Ability to connect to the Internet <input type="checkbox"/> I don't have Internet <input type="checkbox"/> I want to connect but can't				
Broadband Service <input type="checkbox"/> I don't have Broadband <input type="checkbox"/> I want to connect but can't				
DSL Service <input type="checkbox"/> I don't have DSL <input type="checkbox"/> I want to connect but can't				
Cell Service <input type="checkbox"/> I don't have Cell service <input type="checkbox"/> I want to connect but can't				
Do you know of any other services available in town? (other than what is listed above)				

Comments: (feel free to continue on back of sheet)