Internet Connectivity Needs Assessment

Date: [Insert Date]
To: [Resident's Name]
Address: [Resident's Address]
Dear [Resident's Name].

[Contact Information]

As part of our ongoing efforts to improve internet connectivity within our community, we are conducting a needs assessment to better understand the connectivity requirements of our residents. Your input is crucial in helping us identify gaps and prioritize improvements.

Please take a moment to answer the following questions:

- What type of internet connection do you currently have? (e.g., DSL, Fiber, Cable, None)
- How satisfied are you with your current internet speed? (1-5 scale)
- What activities do you primarily use the internet for? (e.g., work, streaming, gaming, browsing)
- Have you experienced any connectivity issues? If so, please describe.
- What is your preferred internet speed? (e.g., < 25 Mbps, 25-100 Mbps, > 100 Mbps)

Your responses will help us advocate for better internet services and resources in our area. Please submit your answers by [Insert Deadline].

Thank you for your participation!
Sincerely,
[Your Name]
[Your Position]
[Organization Name]