



CUSTOMER SERVICE SURVEY

HOW ARE WE DOING?

Please circle the number indicative of your most recent experience with the Community Development Department.

Did you receive a prompt response at our Planning/Building permit counter?

1	2	3	4	5
No		Somewhat		Yes

Did our staff member(s) answer your questions clearly and in a manner, you could understand?

1	2	3	4	5
No		Somewhat		Yes

Was our staff able to provide you with the technical assistance you needed?

1	2	3	4	5
No		Somewhat		Yes

Were the answers you received sufficient to assist you in understanding the City requirements and the options available to you?

1	2	3	4	5
No		Somewhat		Yes

Was our staff courteous?

1	2	3	4	5
No		Somewhat		Yes

Comments or recommendations we should consider to better assist you:

Date	Name (optional)	Type of Permit
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