# 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 |
|---|---|---|---|---|
| Very Slow | | Acceptable | | Very Fast |

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

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Confusing | | Acceptable | | 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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