

COMMUNITY DEVELOPMENT BUILDING CODES DIVISION

CUSTOMER SATISFACTION QUESTIONNAIRE

*In an effort to provide the highest quality of service, we would appreciate your feedback!
Please return when your project is completed.*

What was the purpose of your visit?

Building Code Information / Questions

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Overall service quality	_____	_____	_____	_____
Employee attitude	_____	_____	_____	_____
Employee knowledge	_____	_____	_____	_____
Timeliness	_____	_____	_____	_____

Permit Process / Plan Review

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Overall service quality	_____	_____	_____	_____
Employee attitude	_____	_____	_____	_____
Employee knowledge	_____	_____	_____	_____
Timeliness	_____	_____	_____	_____

Construction, Final, Occupancy Inspections

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Overall service quality	_____	_____	_____	_____
Employee attitude	_____	_____	_____	_____
Employee knowledge	_____	_____	_____	_____
Timeliness	_____	_____	_____	_____

Addressing / Zoning

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Overall service quality	_____	_____	_____	_____
Employee attitude	_____	_____	_____	_____
Employee knowledge	_____	_____	_____	_____
Timeliness	_____	_____	_____	_____

Application for Variance

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Overall service quality	_____	_____	_____	_____
Employee attitude	_____	_____	_____	_____
Employee knowledge	_____	_____	_____	_____
Timeliness	_____	_____	_____	_____

Suggestions / Comments: _____

Thank you for your comments!

Thank you for completing this evaluation. If indicated below, we will contact you on specific concerns. If you desire, you may contact the Community Development Department Director by telephoning 573-308-4040 or email jpetersen@rollacity.org

- I wish to be contacted
- I do not wish to be contacted
- I wish to be contacted by the Director personally

If you wish to be contacted, please complete the following:

Name _____ Company _____

Address _____ Phone _____

_____ Date _____

Please return the form by mail or leave at the counter

City of Rolla Community Development
P.O. Box 979
Rolla, MO 65402

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