



**CITY OF PLANTATION
BUILDING DEPARTMENT SURVEY PART I**

CUSTOMER SERVICE QUESTIONNAIRE

We are interested in your opinions about the recent service you received from the Plantation Building Department. Please help us improve our services by answering the questions below.

PLEASE CIRCLE YOUR RESPONSE:

	Excellent (1)	Good (2)	Acceptable (3)	Poor (4)	Very Poor (5)
Our People....					
1. Were polite and courteous	1	2	3	4	5
2. Were knowledgeable and professional	1	2	3	4	5
3. Explained any discrepancies	1	2	3	4	5
4. Made recommendations to help you meet the code	1	2	3	4	5
Overall, how would you rate our customer service?	1	2	3	4	5
Our Service...					
1. Was performed quickly and efficiently	1	2	3	4	5
2. Was informative or educational	1	2	3	4	5
3. Was attentive to your needs	1	2	3	4	5
4. Was beneficial to you	1	2	3	4	5
5. After your inspection, did you know what to do?	___	Yes	___	No	
6. Could you read and understand the inspection report?	___	Yes	___	No	

Comments: _____

IF YOU WISH TO BE CONTACTED, PLEASE CHECK THE BOX.

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____



**CITY OF PLANTATION
BUILDING DEPARTMENT SURVEY PART II**

***CUSTOMER SERVICE QUESTIONNAIRE
FOR INSPECTIONS***

We are interested in your opinions about the recent Electrical, Mechanical, Plumbing and/or Structural inspection(s) you received from the Plantation Building Department. Please help us improve our services by answering the questions below.

PLEASE CIRCLE YOUR RESPONSE:

	Excellent (1)	Good (2)	Acceptable (3)	Poor (4)	Very Poor (5)
Our People....					
1. Were polite and courteous	1	2	3	4	5
2. Were knowledgeable and professional	1	2	3	4	5
3. Explained any discrepancies	1	2	3	4	5
4. Made recommendations to help you meet the code	1	2	3	4	5
5. Overall, how would you rate our customer service?	1	2	3	4	5
Our Service...					
6. Was performed quickly and efficiently	1	2	3	4	5
7. Was informative or educational	1	2	3	4	5
8. Was attentive to your needs	1	2	3	4	5
9. Was beneficial to you	1	2	3	4	5
10. After your inspection, did you know what to do?	___	Yes	___	No	
11. Could you read and understand the inspection report?	___	Yes	___	No	

Comments: _____

IF YOU WISH TO BE CONTACTED, PLEASE CHECK THE BOX.

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____