

Customer Service 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 info	rmation/Question	IS		
S	Excellent	Good	Fair	Poor
Overall service quality			_	
Employee attitude				
Employee knowledge			_	_
Timeliness				
☐ Permit Process				
	Excellent	Good	Fair	Poor
Overall service quality			_	
Employee attitude			_	
Employee knowledge				
Timeliness				
☐ Plan Review				
	Excellent	Good	Fair	Poor
Overall service quality			_	
Employee attitude				
Employee knowledge				
Timeliness				
☐ Construction/ Inspe	ections/ Certificat	e of Occupa	ancy	
•	Excellent	Good	Fair	Poor
Overall service quality			_	
Employee attitude			_	
Employee knowledge				
Timeliness				
☐ Contractor Licensin	ng application/ in	formation		
	Excellent	Good	Fair	Poor
Overall service quality			_	
Employee attitude			_	
Employee knowledge			_	
Timeliness				



Suggestions/Comments:			
, ,	questionnaire. If indicated below, we will contact you on , you may contact the Building Office by telephoning cmar4@osceola.org.		
☐ I wish to be contacted b	y the Building Office Director personally.		
If you wish to be contacted, ple	ase fill out the following:		
Name	Company		
Address	Phone		
	Date		