



CUSTOMER SERVICE SURVEY

Town of Rolesville Planning Department

Your input as a customer is very important and valuable to our department. To help us provide better service, we would appreciate your comments regarding our performance. Please take a moment to fill out this customer survey and let us know how we are doing.

1. Date that this survey was filled out: _____

2. My contact with the Planning Department involved: (Check all that apply)

- General Planning or Zoning Inquiry
- Residential Development Review or Application
- Commercial Development Review or Application
- Code Enforcement Compliant
- Building Permit Process
- Other: _____

3. Type of contact:

- In person with appointment
- In person without appointment
- Email correspondence
- Telephone conversation
- Fax/Mail correspondence

4. Please mark your response:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff was available to assist me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff displayed a positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff was helpful, knowledgeable, and professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff responded to issues in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff provided clear and concise information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Overall, how would you rate the level of assistance you received from the Planning Department staff?

- Excellent Good Fair Poor

6. How might we serve you better in the future? (Feel free to use back of form if necessary)

We thank you for your input. You may either drop off this form at Town Hall, Fax it to Town Hall (919-556-6852), or print it out and mail it to:

Town of Rolesville
Attn: Town Clerk
PO Box 250
Rolesville, NC 27571

(Optional) Name : _____ Phone Number: _____