

Customer Satisfaction Survey

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Date of Visit: \_\_\_\_\_ Time: \_\_\_\_\_

I came in for: (check all that apply)

- Motor Vehicle (MV) Re-Registration  MV New Registration
- Other Registration: \_\_\_\_\_
- Hunting/Fishing License  Dog License  Hall Rental  Pay Taxes
- Birth or Death Certificate  Marriage License  Use Fax or Copy
- Building / Entrance Permit Application  Tax Map Information
- General Town Information  Lodge a complaint  Attend Meeting
- Register a Business  Register to Vote  Obtain Notary Service
- Other: \_\_\_\_\_

I usually visit:  Weekly  Monthly  Quarterly  Once per year

As needed  Only when I have to  My First Visit  New Resident

Were you acknowledged promptly?  Yes  No

How would you rate your visit for:

	Excellent	Very Good	Good	Fair	Poor
Speed of Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable Staff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful Staff:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services Provided:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will you visit us again?

Definitely  Probably  Maybe  Not if I can help it

Overall Experience:

Exceeded Expectation  Met Expectation  Below Expectation

Method of Payment:

Cash  Check  Both  None

Would you prefer to use your debit or credit card if it were an option?

Definitely  Probably  Maybe  No  No Opinion

If we were to offer payment via debit or credit cards, would you paying extra for the convenience?

Definitely  Probably  Maybe  No  No Opinion

Please provide any additional comments:

**OPTIONAL**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_