

## CUSTOMER SERVICE SURVEY

Town of Northbridge Building 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. My contact with the Building Department involved: (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> General Planning/Zoning Inquiry | <input type="checkbox"/> Determination of Zoning / Zoning provision |
| <input type="checkbox"/> Building Code                   | <input type="checkbox"/> Flood Plain / Floodway Determination       |
| <input type="checkbox"/> Building Permit Application     | <input type="checkbox"/> ZBA Application                            |
| <input type="checkbox"/> Inspection                      | <input type="checkbox"/> Other _____                                |

**2. Type of Contact:**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> In person with an appointment    | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> In person without an appointment | <input type="checkbox"/> Fax/Mail  |
| <input type="checkbox"/> Email                            |                                    |

**3. Please Mark Your Responses:**

	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 my 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"/>
Resources were available to address my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources on the website were useful and user friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Overall, how would you rate the level of assistance you received from the Building Department staff?**

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

**5. Comments or Suggestions: How might we serve you better in the future?**

\_\_\_\_\_

\_\_\_\_\_

Thank you for your input. You may print this form and drop it off or mail it to **Northbridge Building Department, 7 Main Street, Whitinsville, MA 01588** or fax to (508) 234-0814.

**6. Optional:**

Your Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_