
Customer Service Survey

Date of Visit: / /

What was the nature of your business with the Inspectional Services Department?

- Building Inspector/Code Enforcement Electrical Plumbing/Gas

Which of the following types of property was involved?

- Personal Residence Rental Unit Personal Business Other _____

What staff member did you deal with during your visit?

- Building /Zoning Enforcement Officer Electrical Inspector Plumbing/Gas Inspector Support Staff

How would you rate that staff member's response time to your inquiry?

- Excellent Good Fair Poor

How would you rate the staff in terms of being helpful, friendly and courteous?

- Excellent Good Fair Poor

How would you rate the information you received in terms of accuracy and ease of understanding?

- Excellent Good Fair Poor

What did you like about the service you received?

What would you like to see done differently?

Other Comments:

Would you like to be contacted to discuss your comments? If so, please fill out below:

Name _____ Tel. No. _____

Thank you for taking the time to fill out this survey. Your comments are important to us! Please **drop off** your completed survey at the Town Administrator's office located at Town Hall or place it in an envelope and **mail** to: Robin L. Craver, Town Administrator, Charlton Town Hall, 37 Main Street, Charlton, MA 01507 or **fax** it to 508-248-2374.