

CITY OF PLANTATION UTILITIES DEPARTMENT
CUSTOMER SERVICE SURVEY

We appreciate your taking a few minutes to tell us about your experience with our department and providing us with constructive comments on how to improve.

- | 1. What type of service was performed? | Customer service in the office | work in the field, outside office |
|--|--------------------------------|-----------------------------------|
| 2. Was the service performed quickly and efficiently? | Yes | No |
| 3. Was the work completed when promised? | Yes | No |
| 4. After your interaction with our personnel, did you Understand what action (if any) was needed from you? | Yes | No |
| 5. Do you find the monthly Utilities bill easy to read? | Yes | No |
| 6. Is the information sent to you in the monthly Utilities bill useful to you? | Yes | No |
| 7. Do you wish to be contacted by a Utilities Department representative? | Yes | No |

Please provide the following information for our records:

Name:

Company:

Address:

City/Town:

State:

E-mail address:

Phone number:

Please write any comments about your experience, or ways we may better serve our customers

Thank you for taking the time to help us make Plantation a better hometown!