



City of Seguin

205 N. River St.
Seguin, TX 78155

Building Inspection Customer Service Survey

Reason For Visit: _____ Date: _____	Name* _____ Email* _____ Phone* _____ * Optional
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City of Seguin requests your help. Please complete the following Customer Satisfaction Survey based on the service we recently provided for your request. Thank you for your time.

1. Which of the following best describes you?

- Property Owner
 Contractor
 Agent of Owner
 Other: _____

2. Are you a Seguin Resident or Business owner?

- Yes
 No
 Both

3. What type of Inspection was performed?

- Building
 Plumbing
 Mechanical
 Electrical
 Fencing
 Landscaping
 Other: _____

4. Type of Contact with the Planning & Codes Department:

- Drop - In
 Appointment
 Email
 Phone
 Citizens Request Form
 (Website)/Other: _____

5. Service Evaluation:

1 = Excellent 2 = Very Good 3 = Acceptable 4 = Needs Improvement 5 = Poor

Staff Courtesy	1 []	2 []	3 []	4 []	5 []
Staff Knowledge	1 []	2 []	3 []	4 []	5 []
Wait Time	1 []	2 []	3 []	4 []	5 []
Processing/Service Time	1 []	2 []	3 []	4 []	5 []
Quality of Report	1 []	2 []	3 []	4 []	5 []
Overall Experience	1 []	2 []	3 []	4 []	5 []

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6. Name of Employee(s) that assisted you:

7. Did Staff provide you with a written correction notice that was easy to read and understand?

Yes No

8. Did Staff clearly explain any corrections that were required?

Yes No

9. Was Staff helpful in resolving any issues?

Yes No

10. If a call/message was left for staff, when did you receive a response?

Same Day 24 Hours Next Business Day Call Not Returned

11. Was the number and type of inspections required explained prior to or during the inspections?

Prior To During the Inspection Not Explained

12. Have you obtained an inspection from another City? Where? _____

Yes No

13. If yes to #12, how would you compare your experience with the City of Seguin?

Better About the Same Worse

14. Briefly describe what you most liked or disliked about your inspection experience and any suggestions for improvements.

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!

For Office Use Only:

Received By: _____

Application Number: _____