

Permit Customer Service Survey



City of Seguin

205 N. River St.
 Seguin, TX 78155
 Permit Customer Service Survey

Reason For Visit: _____	Name* _____
Date: _____	Email* _____
	Phone* _____ * Optional

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?

- Contractor Property Owner

2. Are you a Seguin Resident or Business owner?

- Yes No Both

3. What type of Permit did you request? (Check all that apply)

- Garage Sale Roofing Addition Remodel Other: _____
- New Construction Trades Electric Plumbing Mechanical
 (Resi. Or Comm.)

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

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

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

7. Was this your first time obtaining a Permit from the City of Seguin?

Yes No

8. If you contacted the Planning & Codes Department, were you provided with all information necessary prior to coming in for the application process?

Yes No N/A

9. When was your call/message returned?

Same Day 24 Hours Next Business Day Call Not Returned

10. How would you describe the application process for obtaining a Permit?

Difficult Simple Time Sensitive Quick

11. How did you obtain the forms required for requesting a permit?

Online In Office Emailed to me Other: _____

12. Have you applied for a permit at 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 permit 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:	
Application Type: _____	Application Number: _____
Received By: _____	Action Taken: _____