

Planning Customer Service Survey



City of Seguin

205 N. River St.

Seguin, TX 78155

Planning 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?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Developer | <input type="checkbox"/> Architect | <input type="checkbox"/> Engineer | <input type="checkbox"/> Contractor/Builder |
| <input type="checkbox"/> Homeowner/
Resident | <input type="checkbox"/> Business
Owner | <input type="checkbox"/> Realtor/
Appraiser | <input type="checkbox"/> Planner/Consultant |

2. Are you a Seguin Resident or Business owner?

- Yes
 No
 Both

3. What type of service did you request?

- Platting
 Zoning
 Other: (Please List) _____
- Variance
 Specific Use Permit

4. Type of Contact with Planning & Zoning 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. If a call/message was left for staff, when did you receive a response?

Same Day 24 Hours Next Business Day Call Not Returned

7. Name of Employee(s) who assisted you:

8. Did you have a pre-development or pre-application meeting?

Yes No

9. If no to #8, were you made aware that the city offered this service?

Yes No

10. Did Staff communicate clearly and provide complete and correct information?

Yes No

11. Briefly describe what you most like or disliked about your 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: