

CITY OF PALMER FEEDBACK FORM

LOCATION

1. Which City office did you visit?
- City Hall
 - Community Development
 - Finance
 - Fire Dept.
 - Library
 - MTA Events Center
 - Police Dept.
 - Public Works

2. Did you have any difficulty finding this location?
- Yes
 - No

3. How would you rate our facilities?

- Outstanding
- Good
- Average
- Fair
- Poor

Areas needing improvement: _____

4. Reason for Visit:

- Airport Lease
- Building Permit
- Burning Information
- Business License
- Check out or Read Books
- Depot Rental
- Fix-it Ticket
- MTA Events Center -- Skating
- MTA Events Center - Other
- Make a Report
- Records Request
- Sales Tax
- Use Library Resources
- Utilities or Easements
- Vote or Register to Vote
- Other _____

STAFF

5. Were you greeted promptly?

- Yes
- No

6. Please rate the following for today's visit:

- | | <i>Outstanding</i> | <i>Good</i> | <i>Average</i> | <i>Fair</i> | <i>Poor</i> |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Promptness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Courtesy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Efficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality Information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Was your business transacted promptly and efficiently?

- Yes
- No

If "No", please tell us why you were not satisfied:

8. Is there something about our service or procedures you would like to see changed?

- Yes
- No

Comments: _____

9. If a member of our staff was especially helpful, please let us know so we may show our appreciation.

Name of Employee _____

10. Do you have other comments that will help us provide better service?

11. How would you rate our overall service?
- Outstanding* *Good* *Average* *Fair* *Poor*
-

12. Date of Visit _____
- Time _____

13. Please tell us about yourself. Are you:

- A resident of Palmer
- A Borough resident (outside City limits)
- A visitor (from outside the Mat-Su Borough)
- A vendor or salesperson
- Seasonal visitor or tourist
- Other _____

14. If you wish to receive a response, please complete the following:

Name _____

Address _____

Phone _____

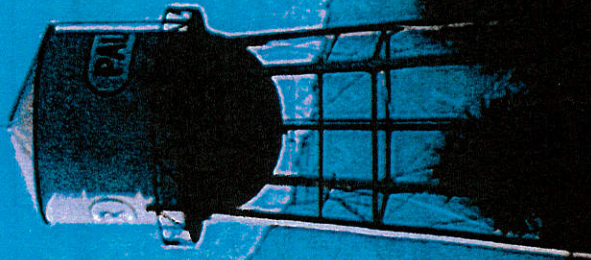
Email _____

Thank you for your comments!

We want to serve you well. Your opinion is appreciated and will make a difference. Please fold this form and place in the designated feedback box, or fold and mail to address printed on reverse side.



Thank you for
helping us to serve
you well.



We Value Your Opinion

Our employees are here to serve the public
courteously and efficiently.
Please let us know if we are succeeding and
how we might do better.

Will you please take a minute to complete
this questionnaire? Your responses are important
in helping us to improve our services.

Thank you for your comments.



*Please deposit your completed form in the designated feedback box at City offices.
This form can also be mailed to:*

City of Palmer
231 West Evergreen Avenue
Palmer, Alaska 99645