

COMMUNITY DEVELOPMENT

CUSTOMER SERVICE EVALUATION

The City of Irvine's goal is to provide you with efficient and reliable service. We would like to know how you feel about the quality of the services that were provided to you by the Community Development Department. Please take a few moments to complete this form and drop it in the suggestion box at the Front Counter or mail it back to us.

DATE	ARRIVAL TIME	
1. Reason for your visit:		
2. How long did you wait before being helped?	·	
3. Did you receive courteous service? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	☐ NO	
4. Did the person helping you seem knowledgeable? YES NO		
5. How would you rate the service you received?		
OUTSTANDING BETTER THAN EXPECTED	EXPECTED LESS THAN EXPECTED	
6. Please provide any comments and/or suggestions to improve our service to you.		
7. If you would like a response to any of your comments, please provide us with the following information:		
NAME*		
COMPANY/ORGANIZATION		
ADDRESS*		
PHONE*		
Thank you for your response. Your evaluation will make a difference!		
Pete Carmichael		
Director of Community Development		

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