

How Did We Do Today?

To help us improve our service, please complete this customer survey. When you are finished, please drop the survey off in the box marked "Customer Survey." Thank you!

Date of Service: _____

City Employee's Name (if applicable): _____

What service did you receive?

- Pre-Application Meeting
- Project Submittal
- Building Permit
- Construction Permit
- Zoning
- Sign Issue
- Minor Development Permit
- Temporary Use Permit
- Other

What type of project are you doing?

- Single-Family
- Multi-Family
- Commercial
- Mixed
- Other

Did you receive the service or product you were seeking (i.e., did you get done what you wanted to get done)?

- Yes
- No
- Partially

Comments _____

If you've been at the City before for development projects, have you noticed a difference in service?

- Improved
- The Same
- Worse

My questions were answered by staff.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

Department staff were friendly and courteous.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Department staff were knowledgeable and professional.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

Department staff handled my request in a timely fashion.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- Not Applicable

What was your overall impression of doing business with the City of Thornton?

- Excellent
- Good
- Fair
- Poor

Do you have any other comments, or suggestions for how we can improve?

- No
 - Yes
- Comments _____

If you would like the Director to contact you about this service, please provide your contact information:

Name: _____

Address: _____

Phone Number: _____

Email: _____