TOWN OF VERNON

Building Department / Fire Marshal's Office

Customer Satisfaction Survey

We appreciate the opportunity to serve you. The quality of service we provide is important to us. Please complete this survey and let us know how we are doing!

Name/Address (optional)_____

Purpose of your visit:_____

Please rate the Building Inspection/FMO Staff you have had contact with:

Office : *Harry Boyko / Larry Machia / Debra Sterling / Jennifer Roy / Andy Marchese / Raymond Walker Jr.*

Indicate which staff member assisted you.

	Excellent	Good	Average	Fair	Poor
Cooperative	○	○	○	○	○
Solved your problem	○	○	○	○	○
Went the extra mile	○	○	○	○	○
Knowledgeable	○	○	○	○	○
Interest in helping	○	○	○	○	○
Friendliness	○	○	○	○	○
Rate the way in which the service was provided:					
Quality of work	○	○	○	○	○
Response time	○	○	○	○	○
Accuracy of work	○	○	○	○	○

Comments:

_____

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RETURN COMPLETED FORM TO: email hboyko@vernon-ct.gov or Fax #860-870-3589
MAILING ADDRESS: 55 West Main Street, Vernon, CT 06066

OVER FOR INSPECTIONS»

Type of inspection: _____

INSPECTIONS: *Harry Boyko* *Larry Machia* *Raymond Walker Jr.* *Andy Marchese*
Indicate which staff member assisted you.

	Excellent	**Good**	**Average**	**Fair**	**Poor**
Cooperative	○	○	○	○	○
Solved your problem	○	○	○	○	○
Went the extra mile	○	○	○	○	○
Knowledgeable	○	○	○	○	○
Interest in helping	○	○	○	○	○
Friendliness	○	○	○	○	○
Rate the way in which the service was provided:					
Quality of work	○	○	○	○	○
Response time	○	○	○	○	○
Accuracy of work	○	○	○	○	○

Comments:

_____

_____

_____

_____

_____

Your information:

Who are you? (please check one): Homeowner ○ Contractor ○ Other ○

(Optional)
Name: _____

Address: _____

Telephone number: _____