



## HOW DID WE DO?

### CITY OF ALTOONA CUSTOMER SERVICE SURVEY

**407 8<sup>th</sup> Street SE**  
**Altoona, IA 50009**  
**[www.altoona-iowa.com](http://www.altoona-iowa.com)**

We at the City of Altoona are striving to improve our customer service. To help us in this effort, please take a few minutes and let us know how you feel about that service. Please fill out this survey and return it in the postage-paid envelope provided.

Thanks for your help!

J. M. Skip Conkling  
Mayor

Jeff Mark  
City Administrator

1. Date of Visit \_\_\_\_\_

2. Which city department(s)/Employee(s) did you deal with on this visit?

- |                                      |                           |
|--------------------------------------|---------------------------|
| _____ Building Department            | _____ Parks Department    |
| _____ City Administrator             | _____ Planning and Zoning |
| _____ City Clerk and Finance         | _____ Police              |
| _____ Fire Department/Ambulance      | _____ Public Utilities    |
| _____ Library                        | _____ (Water, Sewer)      |
| _____ Streets Department/Engineering | _____ Utility Billing     |
| _____ Other – please identify:       |                           |
| _____ Employees – please identify:   |                           |

3. What kind of service(s) did you request/need?

- |                          |  |                          |                                  |
|--------------------------|--|--------------------------|----------------------------------|
| <input type="checkbox"/> | General Information  | <input type="checkbox"/> | Utility billing payment/question |
| <input type="checkbox"/> | Complaint/problem resolution   | <input type="checkbox"/> | Other billing payment/question   |
| <input type="checkbox"/> | Inspection   | <input type="checkbox"/> | Permit application/issuance      |
| <input type="checkbox"/> | Sign up for services – new resident or business                        |                          |                                  |
| <input type="checkbox"/> | Project development information (zoning, subdivision, site plan, etc.) |                          |                                  |
| <input type="checkbox"/> | Other - please describe:   |                          |                                  |

4. How satisfied were you with these aspects of quality of service on this visit?

	Very Satisfied			Very Dissatisfied		No Opinion/ Don't Know
	5	4	3	2	1	
Ability to answer questions	5	4	3	2	1	NO/DK
Helpfulness of employee(s)	5	4	3	2	1	NO/DK
Promptness of service	5	4	3	2	1	NO/DK
Courtesy of employee	5	4	3	2	1	NO/DK
Overall	5	4	3	2	1	NO/DK

5. Which best describes the situation for which you are requesting service?

- I am requesting service as a resident (homeowner, condo owner, tenant, etc.).
- I am requesting service as a business owner or operator.
- I am a contractor working for an Altoona resident or business.
- I am representing an Altoona resident or business (attorney, engineer, accountant, etc.).
- I am a relative or friend assisting an Altoona resident.
- I am a visitor to Altoona requesting information/service.
- Other - please describe:

6. Additional comments: