



HOW ARE WE DOING?

Our promise is to provide you with the right information in a fast, friendly environment. So we can keep our promise, please take a moment to tell us how we are doing! Thanks, Robert H. McQuade, Assessor

DATE VISITED ____ / ____ / ____ TIME _____ WHO ASSISTED YOU? _____

REASON FOR VISIT Registration Renewal Val^ue Other _____

PLEASE GRADE OUR SERVICE

A = Excellent D = Poor
B = Very Good F = Failed
C = Average

- | | | | | | |
|--------------------------|------------------------|--------------------------|----------------------------|--------------------------|---|
| <input type="checkbox"/> | 1. Office Appearance | <input type="checkbox"/> | 5. Accuracy of Information | <input type="checkbox"/> | Of numbers 1-6, which is most important to you? |
| <input type="checkbox"/> | 2. Employee Appearance | <input type="checkbox"/> | 6. Speed of Service | <input type="checkbox"/> | Second most important? |
| <input type="checkbox"/> | 3. Friendliness | <input type="checkbox"/> | Overall Satisfaction | <input type="checkbox"/> | Third most important? |
| <input type="checkbox"/> | 4. Employee Knowledge | | | | |

COMMENTS _____

CONTACT INFORMATION (optional)
Name _____ Day Phone _____
Address _____ City _____ St _____ Zip _____

Please select location: