

# How Did We Do?

Please take a few moments to fill out this questionnaire and drop it in the Customer Comment Box. Thank you!

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## Value

1. Were you satisfied with your **general experience**?  
YES NO
2. Were you satisfied with your **wait for service**?  
YES NO
3. Were you satisfied with the **helpfulness** of the Customer Service Representative (CSR) who assisted you?  
YES NO N/A
4. Were you satisfied with the **courteousness** of the CSR who assisted you?  
YES NO N/A
5. Were you satisfied with the **helpfulness** of the cashier who assisted you?  
YES NO N/A
6. Were you satisfied with the **courteousness** of the cashier who assisted you?  
YES NO N/A
7. Were you satisfied with the **helpfulness** of the receptionist?  
YES NO N/A
8. Were you satisfied with the **usefulness of information** in the lobby?  
YES NO
9. Were you satisfied with the **cleanliness and comfort** of the lobby?  
YES NO

## Accountability

1. Our mission is to provide our customers with timely, cost-effective, and high-quality products and services. In your opinion, have we accomplished this goal?  
YES NO  
  
If No, how can we improve? \_\_\_\_\_  
\_\_\_\_\_
2. Are you satisfied with the Utilities Commission, City of New Smyrna Beach as your utility provider?  
YES NO

If No, how can we improve? \_\_\_\_\_  
\_\_\_\_\_

Thank you for your participation!

