



BUILDING DEPARTMENT - CUSTOMER SERVICE FORM

*We appreciate your feedback. Please take a moment and fill out our questionnaire. (Use back if necessary.)
Your answers will be reviewed by the Director and City Manager.*

Request for service was by: Personal visit Telephone Email

1. Type of service/information requested? (check all that apply)

- | | | |
|--|-------------------------|-------|
| <input type="checkbox"/> Building Permit | Type of Project: | _____ |
| <input type="checkbox"/> Business Tax Receipt | Type of Business: | _____ |
| <input type="checkbox"/> Code Enforcement | Specify Issue: | _____ |
| <input type="checkbox"/> Information Request | Specify Info Requested: | _____ |
| <input type="checkbox"/> Preapplication Conference | Nature of Conference: | _____ |
| <input type="checkbox"/> Zoning | Specify Issue: | _____ |
| <input type="checkbox"/> Other | (Please specify) | _____ |

2. Please rate the quality of service received: Excellent Good Fair Poor

Courteousness	_____	_____	_____	_____
Thoroughness	_____	_____	_____	_____
Professionalism	_____	_____	_____	_____

3. Were your questions answered?

Yes, completely _____ Partially _____ No, not at all _____

What questions remain unanswered? _____

4. Additional Comments: _____

5. Optional:

Your Name: _____
Address: _____
Phone: _____ Email: _____

*Please return to the Office of the City Manager, 1st Floor of City Hall - or -
Mail to: City Manager, City of Cocoa Beach, P O Box 322430, Cocoa Beach, Florida 32932-2430*