

**OC Survey / Land Information Systems
 Office Section / Public Services Unit
 Customer Service Evaluation**

Date: _____

Purpose of visit:

- | | | |
|---|--|---|
| <input type="checkbox"/> Final or Parcel Maps | <input type="checkbox"/> SARP/Federal Projects | <input type="checkbox"/> Photogrammetry |
| <input type="checkbox"/> Records of Survey | <input type="checkbox"/> GIS/Natural Resources | <input type="checkbox"/> LIS/Landbase Information |
| <input type="checkbox"/> Records Research | <input type="checkbox"/> Boundary Consultation | <input type="checkbox"/> OCS Field Operations |
| <input type="checkbox"/> Geodetic Control | <input type="checkbox"/> Corner Records | <input type="checkbox"/> Topographic Mapping |
| <input type="checkbox"/> Boundary Annexation | <input type="checkbox"/> Lot Line Adjustments | <input type="checkbox"/> Pay Fees |
| <input type="checkbox"/> Addressing/Street Naming | <input type="checkbox"/> Survey Contracts | <input type="checkbox"/> Other |

How long did you wait before being helped? _____

Please evaluate our service:

Employee's Name (optional): _____

Employee courtesy

Excellent	Very Good	Good	Poor	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee knowledge/efficiency

Excellent	Very Good	Good	Poor	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service/ timely responses/ follow-up

Excellent	Very Good	Good	Poor	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Documentation/letters/prints

Excellent	Very Good	Good	Poor	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality of Service/Final Product

Excellent	Very Good	Good	Poor	Unsatisfactory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the area above were marked poor or unsatisfactory, please explain, so we may examine the problem closer.

How may we serve your needs in the future? _____

Optional (please print clearly)

Name: _____ Telephone: _____

Address: _____ City: _____ Zip _____

I wish I do **not** wish to be contacted about my comments/suggestions.

Thank you for your response. Your evaluation will make a difference!

Kevin Hills, County Surveyor/Manager OC Survey/Land Information System