



Tell Us How We Are Doing

City of Vernon Public Works Department Customer Evaluation

Please check which Public Works section you were working with

Building <input type="checkbox"/>	Plumbing & Mechanical <input type="checkbox"/>	Electrical <input type="checkbox"/>	Public Works <input type="checkbox"/>	Engineering <input type="checkbox"/>
Water <input type="checkbox"/>	General Information <input type="checkbox"/>			

1. How pleased were you with the courteousness of the City employee who initially took your request?

<u>Very Displeas</u> 1 <input type="checkbox"/>	<u>Displeas</u> 2 <input type="checkbox"/>	<u>Neither Pleas nor Displeas</u> 3 <input type="checkbox"/>	<u>Pleas</u> 4 <input type="checkbox"/>	<u>Very Pleas</u> 5 <input type="checkbox"/>
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2. How pleased were you with the helpfulness of Vernon City staff?

<u>Very Displeas</u> 1 <input type="checkbox"/>	<u>Displeas</u> 2 <input type="checkbox"/>	<u>Neither Pleas nor Displeas</u> 3 <input type="checkbox"/>	<u>Pleas</u> 4 <input type="checkbox"/>	<u>Very Pleas</u> 5 <input type="checkbox"/>
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3. Compared to other cities, how pleased were you with services provided by the City of Vernon?

<u>Very Displeas</u> 1 <input type="checkbox"/>	<u>Displeas</u> 2 <input type="checkbox"/>	<u>Neither Pleas nor Displeas</u> 3 <input type="checkbox"/>	<u>Pleas</u> 4 <input type="checkbox"/>	<u>Very Pleas</u> 5 <input type="checkbox"/>
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Comments/Suggestions

Do you have any suggestions about the department that could help us respond to your needs better in the future?

Optional: Are you a: Property Owner Business in Vernon Realtor Contractor Other

Name _____ Business Representing _____ Phone # _____

Optional: - If you wish to nominate a City representative or a City crew for an exceptional service award please state the individuals name and reason why he or she is deserving of recognition.

Mail to: City of Vernon, 4305 Santa Fe Avenue, Vernon, California 90058, Attn: Daniel Wall

or email to dwall@ci.vernon.ca.us.