Additional Comments/Suggestions

We appreciate the time you took to complete this survey. If you have anything else you would like to share with us with regard to your dealings with the Planning Department, please use the space below.

City of McMinnville
Planning Department
231 NE 5th Street
McMinnville, OR 97128

City of McMinnville

City of McMinnville

CUSTOMER SERVICE SURVEY

PLANNING DEPARTMENT

Community Development Center
231 NE 5th Street
McMinnville, OR 97128
(503) 434-7311
Fax: (503) 474-4955
www.ci.mcminnville.or.us

HOW ARE WE DOING?

The Planning Department staff is genuinely committed to looking for ways of improving service to residents, businesses, and visitors — whether over the telephone, through the mail, in person or out in the community.

Please tell us what you think about the Planning Department's services. Have we done something lately that made your day? Or, do you have suggestions for improvements to our services? We welcome your comments, both positive and negative. This will be especially helpful to us if you recently received services from our department. We want to know:

- Did you get the information you were looking for?
- Did you get it in a timely, friendly, and professional manner?
- Did we deliver the service like we said we would?
- Is there a better way for us to serve you?
- Did we do something right — or wrong?

Our goal is to provide you with great service. But we can only do this with your help by letting us know when we did something **right**, so we can be sure to do it again, and when we did something **wrong**, so we can change it.

Planning staff, L-R: Ron Pomeroy, Jennifer Lynagh, Sarah Sullivan, Lucy Falcy, Pam Kindel, Doug Montgomery

SURVEY.....

Please answer the following questions regarding your experience(s) with the City of McMinnville Planning Department, and place this survey in the mail, or drop it off at the Community Development Center, which is located at 231 NE 5th Street. This survey is also available on the Planning Department's web page at www.ci.mcminnville.or.us.

Date of contact: _____

Staff member who assisted you (optional):

- ☐ Pam Kindel
- ☐ Jennifer Lynagh
- ☐ Doug Montgomery
- ☐ Other_____
- ☐ Ron Pomeroy
- ☐ Sarah Sullivan

What was the nature of your recent contact with our department?

- ☐ Information
- ☐ Request and/or submit application
- ☐ Make payment
- ☐ Complaint
- ☐ Other _____

Was your contact:

- ☐ In person
- ☐ Via telephone
- ☐ Written
- ☐ Email

Were your questions answered clearly?

☐ Yes ☐ No

(If "no," can you share the reason for this?)

_____

_____

_____

_____

Was the service prompt?

☐ Yes ☐ No

(If "no," can you share the reason for this?)

_____

_____

_____

_____

Was the service:

- ☐ Above your expectations?
- ☐ What you expected?
- ☐ Less than expected?

On a scale of 1 to 5, how would you rate the quality of service by our staff?

5=Outstanding **4**=Good **3**=Fair
2=Needs Improvement **1**=Unsatisfactory

	5	**4**	**3**	**2**	**1**
Courteous	☐	☐	☐	☐	☐
Knowledgeable	☐	☐	☐	☐	☐
Helpful	☐	☐	☐	☐	☐

Would you like someone to contact you about this survey? ☐ Yes ☐ No

If yes, please provide the following (or if no, but you would like to share your name):

_____
Name

_____
Address

_____

_____
Phone

_____
Best time to call