



## City of Seguin

205 N. River St.  
Seguin, TX 78155  
Permit Customer Service Survey

Reason For Visit: \_\_\_\_\_

Name\* \_\_\_\_\_

Date: \_\_\_\_\_

Email\* \_\_\_\_\_

Phone\* \_\_\_\_\_ \* Optional

City of Seguin requests your help. Please complete the following Customer Satisfaction Survey based on the service we recently provided for your request. Thank you for your time.

### 1. Which of the following best describes you?

☐ Contractor ☐ Property Owner

### 2. Are you a Seguin Resident or Business owner?

☐ Yes ☐ No ☐ Both

### 3. What type of Permit did you request? (Check all that apply)

☐ Garage Sale ☐ Roofing ☐ Addition ☐ Remodel ☐ Other: \_\_\_\_\_  
☐ New Construction ☐ Trades ☐ Electric ☐ Plumbing ☐ Mechanical  
(Resi. Or Comm.)

### 4. Type of Contact with the Planning & Codes Department:

☐ Drop - In ☐ Appointment ☐ Email ☐ Phone ☐ Citizens Request Form  
(Website)/Other: \_\_\_\_\_

### 5. Service Evaluation:

1 = Excellent    2 = Very Good    3 = Acceptable    4 = Needs Improvement    5 = Poor

Staff Courtesy	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]
Staff Knowledge	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]
Wait Time	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]
Processing/Service Time	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]
Quality of Report	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]
Overall Experience	1[ ]	2[ ]	3[ ]	4[ ]	5[ ]

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6. Name of Employee(s) that assisted you:

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7. Was this your first time obtaining a Permit from the City of Seguin?

☐ Yes ☐ No

8. If you contacted the Planning & Codes Department, were you provided with all information necessary prior to coming in for the application process?

☐ Yes ☐ No ☐ N/A

9. When was your call/message returned?

☐ Same Day ☐ 24 Hours ☐ Next Business Day ☐ Call Not Returned

10. How would you describe the application process for obtaining a Permit?

☐ Difficult ☐ Simple ☐ Time Sensitive ☐ Quick

11. How did you obtain the forms required for requesting a permit?

☐ Online ☐ In Office ☐ Emailed to me ☐ Other: \_\_\_\_\_

12. Have you applied for a permit at another City? Where? \_\_\_\_\_

☐ Yes ☐ No

13. If yes to #12, how would you compare your experience with the City of Seguin?

☐ Better ☐ About the Same ☐ Worse

14. Briefly describe what you most liked or disliked about your permit experience and any suggestions for improvements.

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Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!

For Office Use Only:	
Application Type: _____	Application Number: _____
Received By: _____	Action Taken: _____