

## Township of Springfield Customer Service Satisfaction Survey

The Township of Springfield is committed to providing high-quality, effective services to its residents. Your feedback is vital as we work to improve services. Please take a moment to let us know how we are doing.

1.	Were you greeted professionally by Township staff?											
		Yes	□ No									
2.	. Township employee(s) provided helpful information or direction:											
		Strongly	agree	□ Agree	□ Di:	sagree		Strongly disagree	e [	□ Does r	not apply	
3.	How satisfied were you with your overall experience?											
		Very sati	isfied	☐ Satisfied		Dissatisf	fied	☐ Very dissa	atisfie	d		
4.	I am c	I am completing this survey about my experience with: (check all that apply)										
	<ul> <li>□ Mayor/Township Administrator's Office</li> <li>□ Construction Code Permits/Inspections/Approvals</li> <li>□ Engineering □ Planning/Zoning Boards</li> <li>□ Police/Police Records</li> <li>□ Public Works</li> <li>□ Recreation</li> </ul>							<ul> <li>□ Tax Assessor</li> <li>□ Township Clerk</li> <li>□ Zoning Enforcement</li> <li>□ Fire</li> <li>□ Tax Collector</li> <li>□ Other</li> </ul>				
5.	What	was the n	nature of	the service r	eques	ted?						
6.	Name	Name of Township employee(s) who provided you with assistance:										
7.		Do you have suggestions on how we can improve our services to the public? YesNo f yes, please specify.										
8.	Please provide your name, organization name, address, telephone number and/or email address (information will be kept confidential). You may also choose to provide this information anonymously however; it would be beneficial if we need contact you.											

Thank you for completing the Survey. Please drop off your Customer Service Satisfaction Survey, first floor of the municipal building or mail to:

Township of Springfield 100 Mountain Ave Springfield, NJ 07081-1729

Attn: Customer Service Satisfaction Survey