

**Geomatics / 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!

Raymond L. Mathe, County Surveyor/Manager Geomatics/Land Information System