

How Did We Do?

Please take a few moments to fill out this questionnaire and drop it in the Customer Comment Box. Thank you!
(You can also find this questionnaire online at www.ucnsb.org/contact.aspx.)

Value

1. Were you satisfied with your **general experience**?
YES NO
2. Were you satisfied with your **wait for service**?
YES NO
3. Were you satisfied with the **helpfulness** of the Customer Service Representative (CSR) who assisted you?
YES NO N/A
4. Were you satisfied with the **courteousness** of the CSR who assisted you?
YES NO N/A
5. Were you satisfied with the **helpfulness** of the cashier who assisted you?
YES NO N/A
6. Were you satisfied with the **courteousness** of the cashier who assisted you?
YES NO N/A
7. Were you satisfied with the **helpfulness** of the receptionist?
YES NO N/A
8. Were you satisfied with the **usefulness of information** in the lobby?
YES NO
9. Were you satisfied with the **cleanliness and comfort** of the lobby?
YES NO

Accountability

1. Our mission is to provide our customers with timely, cost-effective, and high-quality products and services. In your opinion, have we accomplished this goal?
YES NO

If No, how can we improve? _____

2. Are you satisfied with the Utilities Commission, City of New Smyrna Beach as your utility provider?
YES NO

If No, how can we improve? _____

Thank you for your participation!

