



**City of Atlanta Department of City Planning**  
**CUSTOMER SERVICE SURVEY**

55 TRINITY AVENUE, S.W., SUITE  
 ATLANTA, GEORGIA 30303-0309

Location of Visit:      **Office of Zoning and Development**      **Office of Buildings**

Express      Residential      Light Commercial      Commercial      Trade Permits

Arborist      Fire      Inspections

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Who assisted you? \_\_\_\_\_

What was your question or concern?

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Why did you visit or what was the reason for your contact with our department? (Check all that apply)

- |                           |                            |                            |
|---------------------------|----------------------------|----------------------------|
| General Information       | Zoning Information         | Bldg. Safety Information   |
| Environmental Information | Addressing Information     | Submit/Pickup Permit(s)    |
| Code Enforcement          | Public Hearing Information | Submit Hearing Application |
| Planning Information      | Other: _____               |                            |

Strongly Agree   Agree   Disagree   Strongly Disagree

◆ Were you greeted as you walked into the office?

◆ Staff helpful, courteous and professional

◆ Staff provided clear and concise information

◆ Staff responded to my need in a timely manner

Did staff take time to listen to your concern?

\_\_\_\_\_

How can we improve our service to you?

\_\_\_\_\_

Overall, the service was:      Excellent      Good      Fair      Poor

I wish to be contacted regarding my feedback:      Yes      No

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**When finished, please click the submit button below.**

**Thank you – Your valued input is greatly appreciated.**



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