



THE CITY OF SAN DIEGO

**The City of San Diego Water Department works in collaboration with the Streets Division to repair and patch our community's roads.**

Crew #: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Service:

☐ Trench Restoration

☐ Other: \_\_\_\_\_

**Please take a moment to tell us about your experience with our services. This survey is also available online at [www.sandiego.gov/water](http://www.sandiego.gov/water).**

***Thank you!***

**I. Please rate the following items:**

	Excellent	Above Average	Satisfactory	Needs Improvement	Not Applicable
Quality of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean-up after service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional appearance of staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of onsite staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with our staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Optional Information:** ☐ *I would like a follow-up call.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_



**Questions?** Call the Public Information Office at **(619) 527-5472**.

