

HELP US SERVE YOU BETTER

Because we want to provide the best possible service, we would appreciate your frank comments about your recent visit to the Police Department facilities.

Please take a moment to tell us how we did our job and where you feel we need improvement. Thank you for your time and consideration.

1. Were your impressions of the police facility favorable? ☐ Yes ☐ No
2. Was your service request accepted within a reasonable period of time? ☐ Yes ☐ No
3. Were you satisfied with the level of service you received? ☐ Yes ☐ No
4. How could we improve our service? _____

5. Name and Address (Optional) _____

Please answer the following questions . . .

- | | YES | NO | NOT
APPLICABLE |
|--|--------------------------|--------------------------|--------------------------|
| 1. If you telephoned the Police Department, were you satisfied with the handling of your call? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive service within an acceptable period of time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were you satisfied with the overall level of service you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What did we do best? _____

_____ | | | |
| 5. How could we improve our service? _____

_____ | | | |

Dear Resident:

Concern # _____ - _____

Please let me know how they did! We are proud of our community and our employees. I like to know if we are serving the citizens of St. Peters at an acceptable level. (Circle One)

How pleased are you with the City's initial response?

Pleased

Satisfied

Displeased

How pleased are you with the quality of workmanship or service in resolving your concern?

Pleased

Satisfied

Displeased

What is your perception of the City of St. Peters on an overall basis as far as service to its citizens?

Pleased

Satisfied

Displeased

Comments: _____

Thank you in advance for your response.

Clark County Parks and Recreation Class Evaluation

Clark County Department of Parks and Recreation would like to thank you for your participation. It is our goal to give you the highest quality of leisure service. To help insure that our activities meet the needs of the community, we ask that you take a few moments to complete the following evaluation. Your ideas are very important to us. Please return this evaluation to any Clark County Parks and Recreation Community Center, or mail to: CCPR, 2601 E. Sunset Road, Las Vegas, NV 89120.

Class Name: _____

Location: _____

Instructor: _____

Date: _____

	<u>Strongly Agree</u>			<u>Strongly Disagree</u>	
The flyer/brochure was descriptive and informative.	5	4	3	2	1
The registration procedures were convenient.	5	4	3	2	1
The length of the program was sufficient.	5	4	3	2	1
The cost of the program was reasonable.	5	4	3	2	1
I would recommend this class to a friend.	5	4	3	2	1
The instructor was well prepared for class.	5	4	3	2	1
The instructor met the goals and objectives of the class.	5	4	3	2	1

	<u>Excellent</u>			<u>Poor</u>	
How would you rate the instructor?	5	4	3	2	1
How was the instructor's mastery of the subject matter?	5	4	3	2	1

What suggestions or changes would you make to improve this class? _____

Other comments or testimonial: _____

May we use this in our publicity?

☐ Yes

☐ No

If yes, please sign here: _____

(Signature)

Thank you once again for your support. We look forward to serving you in the future. Please return survey to any Clark County Community Center or mail to: CCPR, 2601 E. Sunset Road, Las Vegas, NV 89120.

Board of County Commissioners
 Wayne Anderson, Chairman, Chair • Paul J. Christensen, Vice-Chairman
 Jay Blanton • Loretta Stone • Eric Kasey • Myron Williams • Grace L. Woodbury
 Donald L. "Bud" Shaker, County Manager
 Dale V. Ashby, Assistant County Manager • James L. Lee, Assistant County Manager
 Dana Treverick, Director of Parks & Recreation
 Request, use of materials is acknowledged in the presence of the Board.

PARKS & RECREATION



DEPARTMENT OF PARKS AND RECREATION

RECREATION AND CULTURAL SERVICES PROGRAM EVALUATION

Dear Citizen: The Board of County Commissioners and your Department of Parks and Recreation want to provide you with the highest quality leisure services. In order to accomplish this, we would like to know what your experience has been with County recreation and cultural programs. Please take a few minutes to complete this survey. This information will help us to better serve you. Thank you.

Community Center/Location _____

Program/Class/Activity _____

(please circle the appropriate response for each question)

1. How did you first find out about this program/activity?
- | | |
|------------------|-----------------------------|
| a) Newspaper | d) Radio |
| b) Television | e) Flyers/Posters/Brochures |
| c) Word of Mouth | |

(please specify)

2. Why have you or members of your family chosen this County program?
(you may circle more than one response)

- | | |
|---------------------------------|-------------------------------------|
| a) Good family program/activity | d) It is convenient to home |
| b) It is reasonably priced | e) The program is of a high quality |
| c) Friends attend | f) Other: _____ |

(please specify)

3. Please rate this event in the following categories:

	EXCELLENT	GOOD	FAIR	POOR
a) Convenience of hours offered	1	2	3	4
b) Condition of facilities and equipment	1	2	3	4
c) Quality of the event	1	2	3	4

4. Please use the following space for any suggestions or comments on this or other events that are offered by Clark County Dept. of Parks and Recreation.

5. Do you have any suggestions for events or programs you would like to see added in current offerings by Clark County Dept. of Parks and Recreation?

6. What is your age group?

- | | | |
|-----------------------|----------------|---------------------|
| 1. Less than 18 years | 3. 25-34 years | 5. 50-64 years |
| 2. 18-24 years | 4. 35-49 years | 6. 65 years or over |

* OPTIONAL INFORMATION *

* May we contact you at a future date regarding your opinion of our *

* programs and/or be placed on a mailing list for future programs/ *

* activities? *

* Name _____ Phone _____ *

* Address _____ Apt./Unit# _____ *

* City _____ State _____ Zip _____ *

* ***** *

Return this form to a Clark County Parks and Recreation employee.
THANKS FOR YOUR HELP!

How did you hear about this program?

Help us know how best to reach you. Please check all that apply. Thanks!

<input type="checkbox"/> NEWSPAPER		
<input type="checkbox"/> Review-Journal	<input type="checkbox"/> Sun	<input type="checkbox"/> Other _____
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Article	<input type="checkbox"/> Calendar Listing

☐ **RADIO** ☐ **DIRECT MAIL** ☐ **WORD OF MOUTH**
☐ **TELEVISION** ☐ **CCP&R EVENTS CALENDAR** ☐ **CCP&R BROCHURE**
☐ **OTHER** (please explain) _____

Additional Comments _____

Age Group (Please circle appropriate range) **Your Zip Code** _____
under 12 12-17 18-24 25-34 35-49 50-64 over 65

Clark County Parks and Recreation • Cultural Affairs Division

**CLARK COUNTY PARKS AND RECREATION
SUNSET PARK
PARK RESERVATION QUESTIONNAIRE**

Meeting your needs is extremely important to us. In our continuing effort to meet the needs of our valued patrons, we ask that you take a few minutes to complete this questionnaire pertaining to your reservation at Sunset Park.

Date of event: _____ Permit Number: _____ Number of Participants: _____

Were extra services necessary; i.e., portable toilets, drop boxes (for trash), security, overnight camping, electricity, vehicle access, other:
Yes _____ No _____

If "yes", please specify: _____

Your comments in the following areas will be deeply appreciated.

1.	Reservation Process:	Excellent ()	Good ()	Fair ()	Poor ()	N/A ()
2.	Condition of Area:	Excellent ()	Good ()	Fair ()	Poor ()	N/A ()
3.	Condition of Equipment:	Excellent ()	Good ()	Fair ()	Poor ()	N/A ()
4.	Customer Service (Park Staff):	Excellent ()	Good ()	Fair ()	Poor ()	N/A ()
5.	Customer Service (Office Staff):	Excellent ()	Good ()	Fair ()	Poor ()	N/A ()
6.	Customer Service (Park Rangers):	Excellent ()	Good ()	Fair ()	Poor ()	N/A ()

Comments/Suggestions: _____

Do you plan to use Sunset Park again? Yes _____ No _____

If "No", please briefly explain why: _____

Did your reservation require equipment or services that were not available? Yes _____ No _____

If "Yes", please briefly explain: _____

Additional Comments: _____

Upon completion, please mail to:

Clark County Parks and Recreation
Sunset Park/Dolores Prieto
2601 East Sunset Road
Las Vegas, NV 89120

Thank you for your time and comments!

8. Has any member of the City staff been especially helpful? ___ Yes ___ No
If yes, please let us know who, so we can show our appreciation to them.

9. Have you had any problems with the City about which we should know?
___ Yes ___ No
If yes, please describe them: _____

10. Is there anything the City could do better or differently? ___ Yes ___ No
If yes, please describe: _____

Thank you for taking time to complete our comment card. With your help, we will continue to work toward the highest quality customer service possible.

If you would like for us to call you, please print your name and address below:

Name _____

Address _____

City _____ State _____ Zip _____

You may telephone me at: _____

() _____

5. Based on TODAY'S visit to the Finance Office, how would you rate the office on the following factors?

	Excellent	Good	Average	Poor
Speed of service	___	___	___	___

Courtesy of staff	___	___	___	___
Availability of appropriate staff	___	___	___	___

6. How would you rate overall service of other City departments in the following areas?

	Excellent	Good	Average	Poor
Building Dept.	___	___	___	___

Sanitation Dept.	___	___	___	___
------------------	-----	-----	-----	-----

Curb repairs (Public works)	___	___	___	___
-----------------------------	-----	-----	-----	-----

Animal control	___	___	___	___
----------------	-----	-----	-----	-----

Parking Services (Traffic Dept.)	___	___	___	___
----------------------------------	-----	-----	-----	-----

7. Based on your overall experience with City of Greenville services TODAY, how would you rate each of the following factors?

	Excellent	Good	Average	Poor
Convenience of City Hall	___	___	___	___

Concern for your needs	___	___	___	___
------------------------	-----	-----	-----	-----

Customer Service	___	___	___	___
------------------	-----	-----	-----	-----

Date: _____
1. What person in the Finance Office served you? (Please print name) _____

2. With which City departments did you come into contact today? (Check all that apply)
___ Building Department
___ Sanitation and Environmental Dept.
___ Business License Department
___ Tax Office
___ Public Parking (Traffic)

3. What was, or were, the purpose(s) of your visit today? (Check all that apply)

___ To get a permit for _____
___ To discuss a bill _____
___ To obtain a Business License _____
___ To get information on _____
___ To pay for my animal license _____
___ To pay insurance _____
___ To pay for my parking permit _____
___ Other _____

4. How often do you visit City Hall for services?

___ Less than once a year
___ Less than once a month
___ 1-2 times a month
___ Weekly
___ This was my only visit

Dear citizen,

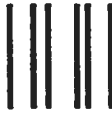
Please take a few moments to tell us what you like about our services, what you would like to see changed and what you hope will stay as it is.

Your evaluation and comments are important to the City of Greenville.

Thank you for your help.

Peggy Sterling,
Director,
Administrative and
Support Services

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY CARD
FIRST CLASS PERMIT NO. 0102 GREENVILLE, SC 29602

POSTAGE WILL BE PAID BY ADDRESSEE

The City of Greenville
P.O. Box 1845
Greenville, SC 29602



WANTED
YOUR OPINION

The City of Greenville
Serving...Protecting...Caring

WANT HELP FROM CITY HALL?

Fill Out This Checklist.

Pitch In! to make our City cleaner. Whenever you see a condition that needs to be corrected, use this form and bring in or mail it to:

Office of the City Manager
City Hall
Augusta, Maine 04330

(Type or Print)

DATE: _____

STREETS: _____
(Location)

Holes () Rough () Settled ()
Water () Bump () Loose gravel ()
Manhole cover rattles () Needs cleaning ()
Mud on street () Poor drainage ()

SHRUBBERY: _____
(Location)

Blocks traffic sign () Obstructs sidewalks ()
Blocks view of intersection ()
Overgrown ()

SIDEWALKS: _____
(Location)

Holes () Cracked () Tree roots ()
Muddy () House service trench sunken ()

BALLFIELDS: _____
(Location)

Dangerous conditions () Vandalism ()
Improper behavior by participants or spectators ()

REFUSE COLLECTION: _____
(Location)

Frequently not picked up () Inadequate receptacle () Frequently scattered ()

TREES: _____
(Location)

Limbs too low () Dangerous limb ()
Hanging limbs () Blocks traffic sign ()

POOLS: _____
(Location)

Improper behavior after playground hours ()
Hazardous conditions/vandalism ()

FIRE HYDRANTS: _____
(Location)

Leaking () Caps off () Needs painting ()

STREET LIGHTS: _____
(Location)

Lamp out () Reflector damaged () Pole damaged () Globe damaged () Wires, pins, insulators or crossarms dangerous () Needed ()

TRAFFIC SIGNS: _____
(Location)

Bent () Missing () Dangerous () Needs replacing () Needs repainting () Dirty () Unnecessary () Needed ()

STREET SIGNS: _____
(Location)

Missing () Dangerous () Needs replacing () Needs painting () Dirty () Improper location () Needed ()

PLAYGROUNDS: _____
(Location)

Equipment broken or vandalized ()
Hazardous conditions ()

OTHER PERTINENT FACTS OR ADDITIONAL INFORMATION:

TO HELP US SERVE YOU, WE NEED TO KNOW:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Thank you for your help!
Daniel W. Fitzpatrick
City Manager

CITIZEN EVALUATION

1. How pleased are you with the City's Response? (Circle one)

Very Displeased	Displeased	Satisfied	Pleased	Very Pleased
1	2	3	4	5

2. In general, how pleased have you been with City services over the past year?
(Circle one)

Very Displeased	Displeased	Satisfied	Pleased	Very Pleased
1	2	3	4	5

Other Comments or Suggestions _____

☐ I'd like to talk more about this. Please call me at _____