



Customer Feedback Form

Thank you for visiting the **Town of Huntsville**. We value all of our customers and strive to meet everyone's needs.

1	Date and Time of your visit:	
2	Did we respond to your customer service needs today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Was our customer service provided to you in an accessible manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No (please explain below)
4	Did you encounter any problems in accessing our good and services?	<input type="checkbox"/> Yes (please explain below) <input type="checkbox"/> Somewhat (please explain below) <input type="checkbox"/> No

Please add any other comments you may have:

Contact information (optional):

**Thank you,
Management**

*Please note: There may be privacy implications for organizations collecting personal information. Providers should seek their own legal advice regarding the privacy implications of collecting personal information in this manner