



Customer Survey

New Business Office

Thank you for completing this survey about the service you received from EBMUD's New Business Office during your most recent project. Your comments help us improve how we serve you. **Date:** _____

Project Name: _____

Service Address: _____

Applicant Name: _____ **Phone:** _____

Address: _____ **Email:** _____

City: _____ **State:** _____ **Zip Code:** _____

Service Installation Type: (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Water Main Extension | <input type="checkbox"/> Water Main Relocation | <input type="checkbox"/> Water Service Estimate |
| <input type="checkbox"/> New/Upgrade Meter | <input type="checkbox"/> Private Fire Service | <input type="checkbox"/> Public Hydrant Service |
| <input type="checkbox"/> Other _____ | | |

Meter Type: (Check all that apply)

- | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Irrigation |
|--------------------------------------|-------------------------------------|-------------------------------------|

Please rate your level of satisfaction on the service you received from EBMUD's New Business Office staff.

(Choose the appropriate ranking for each item below)

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1
• Staff knowledge and ability to assist me through the project process	<input type="radio"/>				
• Responsiveness while serving as my advocate during project coordination	<input type="radio"/>				
• Clarity of the information communicated	<input type="radio"/>				
• Quality of the customer service	<input type="radio"/>				
• Overall lead time required for the installation of my project	<input type="radio"/>				
• Overall experience with EBMUD's New Business Office	<input type="radio"/>				

Please provide details below for ratings of 1 and 2. Add suggestions or comments to help us improve our service.

Please return completed survey to: EBMUD New Business Office, MS 104, P.O. Box 24055, Oakland, CA 94623
by email to: nbo@ebmud.com or by fax to: 510-287-0325

If you would like to be contacted by a manager to further discuss this survey and your experience, please check your preferred contact method. **Thank you.** Phone Email