



The Municipal Development Team is committed to providing excellent customer service and we want to hear from you.

1. What was the nature of your visit or inquiry to the Municipal Development Team?

- Zoning Property Business Site Plan Permit
 Other (please specify): _____

2. Who did you speak with?

3. Were your concerns handled in a timely manner? Yes No

Comment: _____

4. Did staff take time to listen to your concerns? Yes No

Comment: _____

5. Were you given clear, concise information? Yes No

Comment: _____

6. How could the service you received be improved?

- Employees could be friendlier
 Employees could communicate better
 Service could be faster/more efficient
 Employees could be more courteous
 Service was great, staff were courteous, knowledgeable and helpful

Comment: _____

7. Rate your overall experience with the Municipal Development Team Office Staff.

- Excellent Good Average Poor

8. What did you like best about our service?

9. How can we improve our customer service?

If you would like us to follow up on your comments/concerns, please provide us with your personal contact information.

Name: _____

Address: _____

Phone Number: _____ Email: _____

Thank you for taking the time to complete this survey. We value your input.

Upon completing the survey please save and attach to an email then forward to:
developmentteam@porthope.ca or

Return Completed Surveys to:

Municipal Development Team Office
5 Mill Street, Port Hope L1A 2S6
Fax: 905-885-0507

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk of the Municipality of Port Hope.

Municipality of Port Hope
56 Queen Street, Port Hope, Ontario L1A 3Z9
Clerk's Office 905-885-4544
www.porthope.ca