

**GMA WATER DISTRICT  
Customer Survey Form**

Form CSD-024-0

Type of Transaction:

<input type="checkbox"/>	Payment
<input type="checkbox"/>	Inquiry
<input type="checkbox"/>	Billing
<input type="checkbox"/>	Water Service

<input type="checkbox"/>	New Service Application
<input type="checkbox"/>	Meter Reading
<input type="checkbox"/>	Discount
<input type="checkbox"/>	Other Service Request

**SURVEY Questions : *Please check your answer***

	5	4	3	2	1
1) Is the office clean, organized and cool?					
2) Are the staff courteous and friendly?					
3) Are you satisfied with the service rendered?(both water service and customer service)					
4) Will you recommend GMAWD to a friend or relative?					
5) Response to maintenance services?					

Other comment/suggestions: \_\_\_\_\_

Name (optional) \_\_\_\_\_

Contact No. \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your time in answering our survey form. Your inputs are valuable to us in improving our services.

**GMAWD Management**

**Rating Scale:**

- 5    Excellent
- 4    Very Satisfactory
- 3    Satisfactory
- 2    Needs Improvement
- 1    Poor