



FIRE PREVENTION FORM 627 CUSTOMER SERVICE EVALUATION

Your opinion is important to us. Please let us know your experience with our service today.

Date of your visit: _____ **Time of your visit:** _____

Counter Location:

Fire HQ/Camarillo City of Thousand Oaks City of Simi Valley Government Center

Name of the person(s) you received service from:

What service(s) did you request?

Inspection Request
Permit Request
Plan Review Submitted
General Information
Other: _____

Project Record # (optional): _____

Please rate the service you received:

Excellent Good Average Fair Poor

Courtesy
Promptness
Professionalism
Information
Overall

Do you have any comments or suggestions on how we can improve our service?

Optional:

I would like a Supervisor to contact me. (Include your contact information below)

Name: _____
Phone Number: _____
Address: _____
City: _____
Email Address: _____

Please place this form in the "Comments" box at VCFD Headquarters, or mail to:

Fire Marshal
Ventura County Fire Department
165 Durley Avenue
Camarillo, CA 93010

Thank you for taking the time to complete this survey!