



COMMUNITY LEAD TEST PROGRAM – CUSTOMER SURVEY

The Town of Markham Waterworks Department is committed to providing the highest level and quality of customer service. To help us serve you better, please answer the questions listed below and return to our office in the self addressed envelope provided:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SERVICE PROVIDED	ANSWER	COMMENTS
Did you receive the sampling results for <u>all</u> Sampling Rounds?	Y / N	Received 2008 - 2 0/5 Jan. 13, 2009
Did you find the sampling times convenient?	(Y) / N	Flexible to my schedule
Were you satisfied with the handling of the services provided by Waterworks Staff with this program?	(Y) / N	All 3 visits had new person, either part of co-op or a newly hired. The senior employee was excellent at training. Good program.
Were you satisfied with the Waterwork's Operator's ability and punctuality?	(Y) / N	Answer's all my questions regarding the program clearly.
Do you understand the importance of the ongoing testing? (If no would you like someone to contact you to discuss?)	(Y) / N	VERY IMPORTANT!!

Thank you for your assistance!