

COMMENT CARD

Planning Division

1055 South Grady Way-Renton, WA 98057

Phone: 425-430-7200 | www.rentonwa.gov

Thank you for working with the City of Renton Planning Division. We're committed to providing the highest quality of service to our customers. To help us evaluate our efforts, we would appreciate your assistance in providing comments and suggestions.

.....Fold.....

From: (optional)

Place
Postage
Here

City of Renton
Planning Division
1055 South Grady Way
Renton, WA 98057

.....Fold.....

If you would like to be contacted by a manager regarding your comments, please fill out the following information:

Name: _____

Phone: _____

Best Time of Day to Call: _____

**DEPARTMENT OF COMMUNITY
AND ECONOMIC DEVELOPMENT**



Please Comment in the Appropriate Section(s)

🕒 Customer Service Counter

Date of Visit: _____ Time: _____

Reason for Visit: _____

Please rate the following accordingly: (5 = Excellent, 4 = Good, 3 = Average, 2 = Fair, 1 = Poor)

- | | |
|---|---|
| <input type="checkbox"/> Professional/Courteous Staff | <input type="checkbox"/> Information Availability |
| <input type="checkbox"/> Helpful in Solving Problems | <input type="checkbox"/> Usefulness of Self-Help Area |
| <input type="checkbox"/> Promptness | <input type="checkbox"/> Explanation of Fees/Timelines/Procedures |

🕒 Inspection Services (Building/Public Works/Code Enforcement) OR Plan Review

Date of Visit: _____ Time: _____

Type of Inspection: _____

OR

Plan Review Project Name: _____

Please rate the following accordingly: (5 = Excellent, 4 = Good, 3 = Average, 2 = Fair, 1 = Poor)

- | | |
|---|--|
| <input type="checkbox"/> Professional/Courteous Staff | <input type="checkbox"/> Fair, Thorough Inspection/Plan Review |
| <input type="checkbox"/> Helpful in Solving Problems | <input type="checkbox"/> Code Requirement Explanations |
| <input type="checkbox"/> Availability/Timely Response | <input type="checkbox"/> Clear and Understandable Corrections |

🕒 Meetings/Other City Business

Date of Visit: _____ Time: _____

Reason for Visit: _____

Please rate the following accordingly: (5 = Excellent, 4 = Good, 3 = Average, 2 = Fair, 1 = Poor)

- | | |
|---|---|
| <input type="checkbox"/> Professional/Courteous Staff | <input type="checkbox"/> Information Availability |
| <input type="checkbox"/> Helpful in Solving Problems | <input type="checkbox"/> Clear/Understandable Questions |
| <input type="checkbox"/> Availability/Timely Response | <input type="checkbox"/> Appropriate Follow-up |

Additional Comments/Suggestions: _____

Please place completed form in the designated box in the CED reception area, or drop it in the mail. Your comments are greatly appreciated. Thank you for your time.