

# ***We'd like your feedback!***

*We're always looking for ways to serve you better. Your comments can help!*

1. **When was your last visit/call to the Department?**

2. **Who helped you?**      Emergency Dispatcher      Line Worker      Office Employee  
Meter Worker      Other

3. **What was the nature of your call/visit?**      Billing Question      Payment  
Service Problem      Other

4. **Did we . . .** (*E=Excellent G=Good F=Fair P=Poor*)

**E      G      F      P      Other:**

. . . greet you politely?

. . . understand your needs?

. . . spend enough time with  
you?

. . . answer your questions?

. . . help solve your problem?

5. **Do you have any comments about your experience?**

6. **Do you have any suggestions on how we can better serve you?**

***Name:***

***Address:***

*Drop this Customer Satisfaction Card in our 24-hour drop-off box,  
mail it with your bill, or e-mail it to us at [info@hudsonlight.com](mailto:info@hudsonlight.com)*

***Thank you for your input. Your comments are appreciated!***