



Community Development & Building Department

Date of visit _____

What was the reason for your inquiry/visit to the Building/Permitting Division?

Who assisted you? _____

Were your needs met today? Please check ☐ YES ☐ NO

How would you rate your overall experience with our Building Department Representative?

Excellent ☐

Good ☐

Poor ☐

Comments:

Your Name and phone number

Thank you for taking the time to respond to our short survey!

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Please send the filled-out form to Sharon Williams, Administrative Manager.

swilliams@fruitlandpark.org