

**NEW CUSTOMER  
SERVICE**

**EVALUATION**

*Please complete the following survey so that we may better serve you.*

1. If you came into our office to request service, was it convenient?

- Yes
- No
- Didn't come in

2. Were our office hours convenient for you?

- Yes
- No

● If not, what would be a good time? \_\_\_\_\_

3. How would you rate the length of time you waited to talk with a Customer Service Representative?

- No wait
- A short wait
- I waited quite some time
- I waited to long

4. How easy was it to apply for service?

- Very easy
- Fairly easy

- Somewhat difficult
- Very difficult

5. Do you feel everything was explained to you clearly?

- Very clearly
- Somewhat clearly
- Not clear at all

6. Were the Municipal Utilities rate schedule handouts and billing policies helpful to you?

- Yes
- No
- Didn't receive these
- Didn't read them

7. How would you rate the attitude of our personnel?

- Excellent
- Good
- Average
- Fair
- Poor

8. Did we connect your service in a timely fashion?

- Yes
- No
- Already connected

9. On a scale of 1 to 10 (1 being poor and 10 being excellent), how would you rate your experience with Hardinsburg Municipal Utilities? (please circle one)

**1 2 3 4 5 6 7 8 9 10**

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Thank you for taking the time to complete our New Customer Evaluation survey. If your responses indicate that you were not satisfied with our service in some way, please include your thoughts in the comments section above. Please include the following information, (You may leave blank if you prefer not to leave personal information).

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Phone \_\_\_\_\_

Best time to call \_\_\_\_\_ AM \_\_\_\_\_ PM