



1. Name and Contact Information (optional):

2. PTI No. (optional):

3. Air Quality Division (AQD) Permit Engineer (optional):

4. Overall, how would you describe the services provided by the AQD for this project?

- Very good
- Good
- Average
- Fair
- Poor

Other (please specify)

5. Overall, how would you describe the professionalism exhibited by AQD staff during this project?

- Very good
- Good
- Average
- Fair
- Poor

Other (please specify)

6. Did AQD staff respond to your information request(s) in an effective and timely manner?

- Yes
- No
- Sometimes

Other (please specify)

7. Were the AQD established timelines to complete the project action communicated adequately to you at the beginning of the project?

- Yes
- No

Other (please specify)

8. Was the AQD action taken completed in accordance with the AQD established timelines?

- Yes
- No

Other (please specify)

9. Was the AQD action taken completed in accordance with your business needs?

- Yes
- No

Other (please specify)

10. Do you have specific suggestions for changes or improvements to AQD customer service or AQD processes themselves as a result of this project or any others?

Yes

No

Other (please specify)

11. Do you have experience with other department programs that you would like to share?

Yes

No

Other (please specify)

12. Is there anything else you would like to tell us?

Yes

No

Other (please specify)