City of Whitewater Customer Survey

312 W Whitewater Street
PO Box 178
Whitewater, WI 53190
www.whitewater-wi.gov

Office: 262-473-0101
Fax: 262-473-0509

Please complete this survey and return it to the City of Whitewater Municipal Building to the attention of the City Manager.

Reason for visit today ("X" all that apply)

_____ Absentee voting or voter registration
_____ Park and Recreation
_____ Beverage License or Operator License
_____ Building or Zoning permit or Information
_____ Water/Sewer
_____ Property Tax Payment
_____ Property or Assessment Information
_____ Neighborhood Services
_____ Permits from City Clerk Office
_____ Police Department
_____ Finance Department
Other _____

Please comment on the service you received:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Name of staff member who assisted you? _____
Date of Service: _____
Would you like a phone call to discuss your service? _____
If yes, phone number and best time to call _____
Name of person to call: _____

Thank you for taking the time to share your experience.