

GARAGE QUESTIONNAIRE

Vehicle operator complete this form and send it to:

[Fleet Maintenance Garage](#)

443 UCB

Name:

Dept:

Dept. Phone #:

Campus Box:

License Plate #

SURVEY RESPONSES

RATE 1- 10

| | |
|--|--|
| 1) The garage staff is prompt, courteous, and helpful. | |
| | |
| 2) I received sufficient and timely information from the garage staff. | |
| | |
| 3) The garage produces results on time and called me when the vehicle was ready. | |
| | |
| 4) I am confident my vehicle's requested repairs have been performed. | |
| | |
| 5) The garage gave me vehicle performance information when I asked for it. | |
| | |
| 6) The PM notice was accurate. | |

Comments:

Let Transportation serve your rental vehicle needs! See Sharon or Patti in the office!

Just a reminder to be aware of pedestrian safety and the expectations of the Boulder Campus Pedestrian Safety Committee--- To limit driving on sidewalks

