

GARAGE QUESTIONNAIRE

Vehicle operator complete this form and send it to:

[Transportation Services 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: