

Your satisfaction is important to us!

Please take a moment to complete this comment card and drop it in the box or complete it online at www.bonnerso.org.

Date of Visit: ____ - ____ - ____ **Office Visited:** Priest River ____ Sandpoint ____

Who assisted you? _____

What was the purpose of your visit? (Check all that apply)

Regular Driver License Commercial Driver License I.D. Card Other _____

What was the nature of your transaction?

First time license Renewal Other _____

Rate the following categories: Excellent Above Avg. Average Below Avg Poor

Courtesy and attitude of staff

Overall quality of service received

Were you able to complete your business in one visit? Yes No

If no, why? _____

Approximately how long did you have to wait?

____ hours ____ minutes. Was the waiting time acceptable? Yes No

Do you have any comments or suggestions on ways to improve our services?

Name and daytime telephone number (Optional) _____

[Email this Form to Sally Mitchell: smitchell2@bonnercountyid.gov](mailto:smitchell2@bonnercountyid.gov)