

## **6-5-12: DEVELOPMENT STANDARDS FOR SINGLE-FAMILY RESIDENCES:**

### **(B)Home Occupations:**

1. Purpose: The regulations set out in this subsection (B) are designed to establish criteria under which residents can operate a home occupation. In order to establish a home occupation, the applicant shall submit a home occupation permit application for approval by the planning and building director. The director will determine if that operation of a home occupation is consistent with the requirements of this title and in accordance with the procedures herein set forth.

2. Application Contents: An application for a home occupation permit shall include the following:

- (a) Name and address of applicant.
- (b) Name(s) and address(es) of property owner(s).
- (c) Assessor's parcel number(s).
- (d) Description of the home occupation including:
  - (1) Trade name or business title.
  - (2) Resale number, if any.
  - (3) Detailed description of the proposed occupation.
  - (4) Tools, machinery or equipment required or used in the practice of the home occupation.

3. General Standards: All home occupations shall adhere to the following standards:

- (a) The home occupation shall not involve the use of commercial vehicles for the delivery of materials to or from the premises beyond those commercial vehicles normally associated with residential uses.
- (b) The home occupation shall be confined to an enclosed structure.
- (c) Use of utilities and community facilities shall be limited to that normally associated with residential purposes.

(d) The home occupation shall not create noise, dust, vibration, smell, smoke, glare, electrical interference, fire hazard or any other hazard or nuisance.

(e) No sign shall be permitted other than allowed for under subsection [6-5-2\(F\)](#) of this chapter.

(f) If home occupation is to be operated by a tenant of the property, notarized written permission from the property owner for the use of the property for the home occupation shall be submitted.

(g) Storage or use of chemicals, solvents, mixtures or materials that are corrosive, toxic, flammable, an irritant, a strong sensitizer or other similar materials shall not be allowed as part of home occupations.

(h) Public advertising (e.g., handbills) shall only list: phone number, home occupation operator's name, post office box and description of business or service. Location information shall be limited to community name only. Business address or location should not be included in any public advertising.

(i) Operating hours of a home occupation shall be between seven o'clock (7:00) A.M. and eight o'clock (8:00) P.M. The home occupation shall be conducted by appointment only.

(j) All employees, partners or operators of the home occupation shall be members of the resident family and shall reside on the premises.

(k) Up to twenty five percent (25%) or two hundred fifty (250) square feet, whichever is greater, of the total floor area of the dwelling unit and related accessory structures, may be used for storage of materials and supplies related to the home occupation. Outside storage of any kind related to the home occupation shall not be permitted.

(l) Business would be subject to inspection by code enforcement personnel and other authorized personnel during regular operating hours.

4. Prohibited Uses: The following uses, by their operation or nature may interfere with residential welfare and diminish the convenience intended for commercial zones, and therefore shall not be permitted as home occupations:

(a) Motor vehicle repair or service.

(b) Hairdressers for men and women.

(c) Gun or ammunition sales, including by mail order.

(d) Any use that would be precluded by subsections (B)3(d) and (B)3(g) of this section.

5. Permit Revocation: Noncompliance with the general standards as outlined in subsection (B)3 of this section may be cause to revoke the home occupation permit, pursuant to section 6-28-1 of this title.

(C)Secondary Residential Units:

1. Only one secondary residential unit shall be permitted on any one lot.
2. The secondary residential unit shall contain separate kitchen and bathroom facilities.
3. The maximum total gross floor area of the secondary residential unit shall not exceed eight hundred (800) square feet.
4. The secondary residential unit shall conform to the development standards for the zoning district in which it is located, including, but not limited to, standards for front, rear and side yard setbacks, height and lot coverage, but excluding density standards.
5. One off street parking space shall be provided for each secondary residential unit in addition to parking required for the existing residence according to the standards of section 6-23-3 of this title. Tandem parking shall not be permitted.
6. The secondary residential unit shall be constructed in such a manner as to be compatible with the existing neighborhood in terms of form, height, material and landscaping. In addition, the principal entrance to the secondary residential unit shall not be visible from the street.
7. The secondary residential unit shall not create excessive noise, traffic congestion or parking congestions, or overload public facilities such as water and sewer services.
8. Secondary residential units shall not be constructed on lots having less than six thousand (6,000) square feet of land area.
9. Residential uses to which secondary residential units are added shall be owner occupied.
10. Secondary residential units shall not be permitted on lots with existing nonconforming uses.

11. The secondary residential units shall conform to any other conditions or standards which in the judgment of the planning commission are necessary to mitigate possible adverse impacts on the neighborhood.

12. Existing secondary units may be permitted by obtaining a conditional use permit in accordance with the requirements above and by meeting the requirements of the current building codes as certified by the building inspector through an inspection of the unit and payment of appropriate inspection fees.

(D)Modification Approval: The planning director may approve a modification of the above standards upon making any of the following findings:

1. Such modification is needed for safety reasons, to comply with other applicable codes, laws, ordinances, rules and regulations. Such determination may be made by means of elevations, photographs, renderings and/or site plans as the director deems necessary; or

2. The proposed alteration or addition to an existing residence will be a continuation of existing architectural style. (Ord. 622-95, 1-10-1995)

(E)Decisions: The decision of the director shall be final, unless appealed, within fifteen (15) calendar days, as provided in section [6-26-8](#) of this title. (Ord. 723-05, 7-19-2005)



Planning Department  
209 E. Kern Street  
Taft, California 93268  
(661) 763-1222 Ext. 15

**OFFICE USE ONLY**

Application No: \_\_\_\_\_ Date Received: \_\_\_\_\_ Fee Paid \$:60.00  
Receipt No: \_\_\_\_\_ Received by: \_\_\_\_\_

**APPLICATION FOR HOME OCCUPATION PERMIT**

Applicant: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell No: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell No: \_\_\_\_\_

**Home Occupation Site Information**

Home Occupation Address: \_\_\_\_\_  
Assessor's Parcel Number(s): \_\_\_\_\_  
General Plan Land Use Designation: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Name of Proposed Home Occupation (Business Name): \_\_\_\_\_  
\_\_\_\_\_  
Describe Business in Detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the following information:**

Days per week of home occupation: \_\_\_\_\_  
Hours per day of home occupation: \_\_\_\_\_  
Name and number of employees (including self): \_\_\_\_\_  
\_\_\_\_\_  
Number of deliveries of goods or materials to home (week/month): \_\_\_\_\_  
\_\_\_\_\_  
Number of customer visits to home per week: \_\_\_\_\_

Machinery, equipment, and tools used: \_\_\_\_\_

\_\_\_\_\_

Location and types of materials stored and used: \_\_\_\_\_

\_\_\_\_\_

Vehicle and trailers used (number, type and size): \_\_\_\_\_

\_\_\_\_\_

**Processing: Upon submittal of a complete application and payment of fee, staff will process this application in accordance with City Codes. Upon approval, applicant will be required to sign the acceptance portion of this application and obtain a City Business License (if applicable).**

**6-5-12(B)      HOME OCCUPATIONS**

**1. Purpose:**

The regulations set out in this subsection (B) are designed to establish criteria under which residents can operate a home occupation. In order to establish a home occupation, the applicant shall submit a home occupation permit application for approval by the Planning and Building Director. The Director will determine if that operation of a home occupation is consistent with the requirements of the Taft Zoning Ordinance and is in accordance with the procedures herein set forth.

**2. Application Contents:**

An application for a home occupation permit shall include the following:

- Name and address of the applicant.
- 
- Name(s) and address (es) of the property owner(s).
- 
- Assessor's parcel number(s)
- 
- Description of the home occupation including:

- (1) Trade name of business title;
- (2) Resale number, if any;
- (3) Detailed description of the proposed occupation; and
- (4) Tools, machinery or equipment required or used in the practice of the home occupation commercial vehicles normally associated with residential uses.

**3. General Standards:**

All home occupations shall adhere to the following standards:

- The home occupation shall not involve the use of commercial vehicles for the delivery of materials to or from the premises beyond those commercial vehicles normally associated with residential uses.

- The home occupation shall be confined to an enclosed structure.
- Use of utilities and community facilities shall be limited to that normally associated with residential purposes.
- The home occupation shall not create noise, dust, vibration, smell, smoke, glare, electrical interference, fire hazard or any other hazard or nuisance.
- No sign, other than real estate tract offices, golf courses, or country clubs, shall be permitted as set forth in subsection 6-5-2(F) of the Taft Zoning Ordinance.
- If the home occupation is to be operated by a tenant of the property, notarized written permission from the property owner for the use of the property for the home occupation shall be submitted.
- Storage or use of chemicals, solvents, mixtures, or materials that are corrosive, toxic, flammable, an irritant, a strong sensitized of other similar materials shall not be allowed as part of a home occupational.
- Public advertising (e.g. handbills) shall only list a phone number, home occupation operator's name, post office box, and description of business or service. Location information shall be limited to the City of Taft. Business address or location is not allowed in any public advertising.
- Operation hours of a home occupation shall be between 7:00 A.M. and 8:00 P.M. the home occupation shall be conducted by appointment only.
- All employees, partners, or operators of the home occupation shall be members of the resident family and shall reside on the premises.
- Up to 25 percent or 250 square feet, whichever is greater, of the total floor area of the dwelling unit and related accessory structures may be used for storage of materials and supplies related to the home occupation. Outside storage of any kind related to the home occupation shall not be permitted.
- The home occupation is subject to inspection by code enforcement personnel of the City of Taft, and other authorized personnel, during regular operating hours of the business.

**4. Prohibited Uses:**

The following uses, by their operation or nature, may interfere with residential welfare and diminish the convenience intended for commercial zones and are, therefore, not permitted as home occupations:

- Motor vehicle repair or service.
- Hairdressers for men and/or women.
- Gun or ammunition sales, including by mail order.
- Any use precluded by subsections (B) 3. (d) And (B) 3.(g) of this application.

**5. Permit Revocation:**

Noncompliance with the general standards, as outlined in subsection (B) 3. of this application, may be cause to revoke the home occupation permit in question, pursuant to section 6-28-1 of this Taft Zoning Ordinance.

**6. Agreement of applicant to conditions of this permit:**

I, the undersigned, understand that any permit issued pursuant to this application does not grant any right or privilege to use any building or land contrary to the provisions of the City Municipal Code. I will comply with the provisions of the Taft Zoning Ordinance, as set forth in this application. I hereby certify that the information provided in this application is to the best of my knowledge, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Applicant's signature and date indicates that the applicant has read the regulations set forth in this application and agrees to abide by all of them. Any violation of these regulations will result in making null and void any city approvals for the subject Home Occupation.**

Staff Comments (for office use only):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Where the average monthly gross receipts and sales are:**

	At least	But Less Than	JAN thru DEC	APRIL thru DEC	JULY thru DEC	OCT thru DEC
A	\$ -0-	\$ 2,000	\$ 20.00	\$ 15.00	\$ 10.00	\$ 5.00
B	2,001	4,000	40.00	30.00	20.00	10.00
C	4,001	6,000	60.00	45.00	30.00	15.00
D	6,001	10,000	80.00	60.00	40.00	20.00
E	10,001	14,000	100.00	75.00	50.00	25.00
F	14,001	20,000	120.00	90.00	60.00	30.00
G	20,001	30,000	140.00	105.00	70.00	35.00
H	30,001	50,000	160.00	120.00	80.00	40.00
I	50,001	\$ over	180.00	135.00	90.00	45.00

**ALL BUSINESS LICENSES EXPIRE DECEMBER 31 OF EACH YEAR.**  
License must be renewed within 15 days of expiration date.

**SALES AND SERVICE**

Auction House	Ice Plant
Automotive Sales & Service	Service Station
Airplane Renting, Sales or Service	Restaurant and/or Dining Rm. Coffee Shop
Barbershop	Lunch Room, Stand or Lunch Counter
Beautyshop	Pharmacy
Blacksmith	Plumber
Confectionery Wagons	Printing and Publishing
Equipment Lease or Rental	Soda Fountain
Garage	Bar and/or Cocktail Lounge
Gymnasium	Cleaning and/or Dyeing
Itinerant Photographer	Laundry
Private Detective	Photographer and/or Photographic Studio
Retail or Wholesale Merchant	Television Cable Relay Systems
Travel Bureau/Ticket Agency	Pay or Subscription Television
Painter	Warehouse
Machine Shop	Stockyard
Welder	Shoe Repairing
Carpenter	
Foundry	
Manufacturer	

*or the rendering of any service whatsoever*

<b>CONTRACTORS-BUILDERS</b>					
	Class	Fee		Class.	Fee
General Engineering Contractor	A	\$100.00	Masonry	C29	\$20.00
General Building Contractor	B1	\$ 50.00	Ornamental Metals	C23	\$20.00
Boilers, Hot Water Heating, Steam Fitting	C4	\$ 20.00	Painting, Decorating	C33	\$25.00
Cabinet and Mill Work	C6	\$ 20.00	Parking & Highway Improvements	C32	\$20.00
Cement and Concrete	C8	\$ 50.00	Pipeline	C34	\$20.00
Drywall	C9	\$ 20.00	Plastering	C35	\$50.00
Electrical (General)	C10	\$ 20.00	Plumbing	C36	\$50.00
Electrical Signs	C45	\$ 20.00	Refrigeration	C38	\$20.00
Elevator Installation	C11	\$ 20.00	Roofing	C39	\$20.00
Excavating, Grading, Trenching, Paving, Surfacing	C12	\$ 20.00	Sewer, Sewage Disposal, Drains, Cement Pipe Laying	C42	\$20.00
Fencing	C13	\$ 20.00	Sheet Metal	C43	\$20.00
Fire Protection Engineering	C16	\$ 20.00	Solar	C46	\$20.00
Flooring	C15	\$ 20.00	Steel Reinforcing	C50	\$20.00
Glazing	C17	\$ 20.00	Steel Structural	C51	\$20.00
Heating and Air Conditioning	C20	\$ 20.00	Structural Pest Control	C22	\$20.00
House and Building Moving	C21	\$ 40.00	Swimming Pool	C53	\$20.00
Insulation	C2	\$ 20.00	Tile (Ceramic or Mosaic)	C54	\$20.00
Landscaping	C27	\$ 20.00	Water Conditioning	C55	\$20.00
Lathing	C26	\$ 20.00	Welding	C60	\$20.00
Manufactured Housing	C47	\$ 20.00	Well Drilling	C57	\$20.00
Classified Specialist	C61	\$20.00	all other classifications	\$20.00 per year	

**•FOR ITEMS NOT SHOWN ON THIS SUMMARY SCHEDULE – PLEASE REFER TO TAFT CITY CODE BOOK•**

s:\Vol1\shared\business License\Masters\feeschedulebislice.doc

**LICENSE TAX/FEE SUMMARY SCHEDULE**

<b>FLAT RATE BUSINESSES</b>	
Apartments or Courts	\$ 20.00 per year up to 4 units (ea. additional unit \$2 per year)
Arts and Crafts Fairs	\$ 25.00 per event 05-10 participants
	\$ 50.00 per event 11-24 participants
	\$ 75.00 per event 25-50 participants
	\$100.00 per event over 50 participants
Auto Wrecking	\$100.00 per year
Automobile Storage or Parking Lots	\$ 24.00
Billboard or Advertising Sign Business	\$ 40.00
Card Tables	\$1500.00 per year up to 5 tables + \$375.00 ea. table in excess of 5 tables.
Cleaners, Laundries	\$ 60.00 per year for each vehicle
Coin Operated Machines	\$ 10.00 per machine on site-maximum of \$180.00 per year
Collection Agency	\$ 20.00 per year
Dance Academy	\$ 20.00 per year
Hotels, Motels, Lodging Houses	\$20.00 per year less than 20 rooms- \$40.00 20-34 rooms-\$60.00 35-49 rooms- \$80.00 50-74 rooms- \$100.00 75 rooms or more
Importing Merchandise (Wholesale)	\$ 30.00 per year less than 2 deliveries/week \$40 2-3 deliveries/week - \$50.00 4 or more deliveries/week
Importing Merchandise (Retail)	\$ 50.00 per year for each vehicle
Itinerant Vendor	\$ 40.00 per year
Peddler, Salesman, Solicitor	\$ 20.00 per quarter
Laundromats (less than 19 machines)	\$ 10.00 per machine per year – max. \$180
Palmist, Fortune Teller, Clairvoyant	\$500.00 per year
Rental Cars, Automobiles For Hire, Stages	\$ 20.00 per year for each vehicle
Secondhand Dealer or Secondhand Furniture Dealer	\$ 40.00 per year
Theater/Playhouse/Motion Picture	\$100.00 per year
Carnival/Traveling Show	\$500.00 for seven (7) days or less
Circus	\$250.00 for two (2) performances
Exhibition (vehicle)	\$ 10.00 per day for each exhibit in, or upon vehicle
Open Air Theaters, Tents	\$ 25.00 first day + 7.50 per day for each additional day
Solicitor, Salesman, Service Repairman or Canvasser	\$ 10.00 registration fee per solicitor + tax on gross receipts
Taxicab	\$ 40.00 per year for each vehicle
Trading Stamp Company	\$100.00 per year
Trucking, Hauling	\$ 20.00 per year 8,000 lbs. and under
Wireless television Transmission	5% of gross revenues generated

**PROFESSIONALS - \$40.00 Per Year**

Accountant, Certified Public	Physiotherapist
Agent, Real Estate, All Others	Psychologist
Anesthetist	Surveyors (licensed land)
Architect	Veterinarian
Bookkeeping and Accounting	Oculist, Optician, Optometrists
Broker, Real Estate, Insurance	Physician, Surgeon, Psychiatrist
Chemist	Mortgage Companies
Chiropracist	Medical Lab or Technician
Chiropractor	
Dental Lab (technician)	
Designer, Structural or Building	
Draftsman	
Engineer	
Geologist	



209 E Kern St., Taft CA 93268-3292 Attn: Bus. License Coordinator • (661) 763-1350 EXT. 21

# BUSINESS LICENSE TAX APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE LICENSE CAN BE ISSUED • PLEASE ALLOW 7-10 DAYS TO PROCESS THIS APPLICATION

Business Name \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_  
 Business Location \_\_\_\_\_ Bus FAX ( ) \_\_\_\_\_  
(Cannot be P.O. Box per State of California, Business & Professions Code Section 17538.5)

Mailing Address \_\_\_\_\_ Start Date \_\_\_\_\_  
 \_\_\_\_\_ Rate Type \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_ SIC CODE \_\_\_\_\_

OWNERSHIP: Corporation  Corp-Ltd. Liability  Partnership  Sole Proprietor  Limited Partnership  Trust

State Lic. No. \_\_\_\_\_ Lic. Type \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Resale No. \_\_\_\_\_ FEIN No. \_\_\_\_\_ SEIN No. \_\_\_\_\_

### Enter below names of Owners, Partners, or Corporate Officers

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
(Cannot be P.O. Box) Drivers Lic. No. \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
(Cannot be P.O. Box) Drivers Lic. No. \_\_\_\_\_

### Additional Information

No. of Employees \_\_\_\_\_ No. of Rooms \_\_\_\_\_ Occupancy Limit \_\_\_\_\_ No. of Coin Operated Machine(s) \_\_\_\_\_  
 No. of Units (Apartment or Hotel/Motel only) \_\_\_\_\_ No. of Deliveries per Week (Wholesalers) \_\_\_\_\_

### In case of emergency, please contact:

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_

### Do you own or lease property? If Yes, please enter property owner's name, address, and phone number.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_

This license period is for the twelve months ending:

PLEASE CALCULATE AMOUNT DUE FROM SCHEDULE ON BACK OF THIS FORM BASED ON ESTIMATED GROSS RECEIPTS. ENTER TAX IN BOX BELOW AND SIGN.

Enter Estimated Gross Receipts: \$ <input type="text"/>	Non-Refundable Review Fee <small>one-time only</small> \$ <input type="text"/>
Estimated Gross Receipts are based on months: \$ <input type="text"/> to \$ <input type="text"/>	Business License Tax \$ <input type="text" value="10.00"/>
	TOTAL TAX DUE \$ <input type="text" value="10.00"/>

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.

**PAYMENT OF A BUSINESS LICENSE TAX DOES NOT RELIEVE THE APPLICANT (BUSINESS) OF THE REQUIREMENT TO COMPLY WITH OTHER REGULATIONS OF THE CITY, COUNTY, STATE, OR FEDERAL GOVERNMENT. I DECLARE, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT.**

Date: \_\_\_\_\_ Signature of Owner/Representative: \_\_\_\_\_

**RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF TAFT**

# HOW ARE WE DOING?

The City of Taft is committed to providing the best service possible to its citizens. Whether you were inquiring about a business license, dog license, building permit, employment application, or the condition of city streets we want to make sure you receive accurate, timely, and courteous assistance. To assist us in providing you with excellent service, please take a few moments to complete the following questionnaire.

What was the purpose of your visit to City Hall? \_\_\_\_\_

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Name of staff member that helped you: \_\_\_\_\_

## How long did you wait to be served?

- Less than 5 minutes       5-10 minutes       10-15 minutes  
 More than 15 minutes

## Department (s) that Served You?

- |  |   |
|--|---|
| <input type="checkbox"/> Administration                                  | <input type="checkbox"/> Planning/Building          |
| <input type="checkbox"/> City Clerk                                      | <input type="checkbox"/> Building Permit/Inspection |
| <input type="checkbox"/> City Manager                                    | <input type="checkbox"/> Code Enforcement           |
| <input type="checkbox"/> Personnel                                       | <input type="checkbox"/> Planning/Zoning Service    |
| <input type="checkbox"/> Finance   | <input type="checkbox"/> Public Works/Maintenance   |
| <input type="checkbox"/> Utility Billing                                 | <input type="checkbox"/> Street Maintenance         |
| <input type="checkbox"/> Business License                                | <input type="checkbox"/> Park Maintenance           |
| <input type="checkbox"/> Accounts payable/Receivable                     | <input type="checkbox"/> Special Projects           |
| <input type="checkbox"/> Housing Rehabilitation/<br>Small Business Loans | <input type="checkbox"/> Other _____                |

## How Would You Rate the Following?

	Excellent	Good	Fair	Needs Improvement
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments/Suggestions: \_\_\_\_\_

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Thank you for taking the time to help us provide better service.