

COT (City of Torrington) Water/Wastewater Customer Survey

Please rate us. Where you rate us low, we will try to improve or try to explain why we don't think we can. Please return this rating form when you pay your bill. You may mail it in to City Hall or drop in the box at City Hall when making your payment. Thank you. We will let the community know the outcome of this survey.

1. Do you think you have good water/wastewater service generally?

Far Below Average Below Average Average Above Average Far Above Average

2. Is your water pressure too low, just right or too high?

Too Low Just right Too high

3. Is your water dirty?

Yes No

4. Does your water taste good?

Yes No

5. Do you notice any of the following tastes/smells to the water? (Please circle any you have noticed)

Acidic Bitter Chlorine Earthy Fishy Medicine Metal
Milky Moldy Rotten eggs Salty Sour Sweet Woody

6. Are you treated courteously when you speak with a water/wastewater utility employee?

Yes No

7. Do you feel your water/wastewater bill is appropriate for the services you receive?

Always Usually Half the time Occasionally Never

8. Please identify the *area* of town you live in (i.e. city hall, hospital, vistas, etc): _____

9. Are you aware of the process the COT uses to treat your water and that you can take a tour of the Water Treatment Plant?

Yes No

10. Please let us know if you have a specific complaint (307-532-2012). Believe it or not, complaints help us pinpoint areas in the utility that need improvement and prioritize repair issues.
