

GALVESTON ATC TOWER
User Satisfaction Survey

We are very interested in providing you our user the best possible service. To assist us in this ongoing endeavor will you please at your earliest convenience complete and return this form to Galveston Tower. Your name is not necessary but the requested information will assist us in the evaluation of our services.

Type Rating: Private:____ Instrument:____ Commercial:____ ATP:____ Military:____

Type Aircraft Normally Flown:

Single Engine: ____ Multi Engine: ____ Turbo-Prop: ____ Turbo-Jet: ____ Helicopter: ____

Normal Purpose For Flying:

Pleasure:____ Business:____ Instruction:____ Military:____

How Often Do you Use Our Services: Daily:____ Weekly:____ Monthly:____

Please rate our performance on a scale of 1 to 5, with 5 being the best. (Circle the number)

- | | | | | | |
|--|---|---|---|---|---|
| 1. Controllers are courteous, helpful. | 1 | 2 | 3 | 4 | 5 |
| 2. Controllers are professional. | 1 | 2 | 3 | 4 | 5 |
| 3. Correct, clear and concise phraseology used. | 1 | 2 | 3 | 4 | 5 |
| 4. Clearances correct and timely. | 1 | 2 | 3 | 4 | 5 |
| 5. ATIS correct and of good quality. | 1 | 2 | 3 | 4 | 5 |
| 6. Timely traffic advisories given. | 1 | 2 | 3 | 4 | 5 |
| 7. Timely weather information given. | 1 | 2 | 3 | 4 | 5 |
| 8. Procedures or instructions easily understood. | 1 | 2 | 3 | 4 | 5 |
| 9. Controllers awareness level of all traffic. | 1 | 2 | 3 | 4 | 5 |
| 10. Overall service received from Galveston Tower. | 1 | 2 | 3 | 4 | 5 |

PLACE COMMENTS OR SUGGESTIONS ON REVERSE SIDE

PLEASE RETURN WITHIN 30 DAYS TO:

Galveston ATC Tower
2115 Terminal Dr. Box 13
Galveston, Tx. 77554