

Postal Customer Questionnaire

1. Please check the appropriate box to indicate whether you used the Arcade Station for each of the following:

Postal Services	Daily	Weekly	Monthly	Never
a. Buying stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Picking up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Picking up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified mail, Registered mail, Insured mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other postal services:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| a. Entering permit mailings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Resetting/using postage meter | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Nonpostal Services

- | | | |
|---|------------------------------|-----------------------------|
| a. Picking up government forms (such as tax forms) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Using for school bus stop | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Assisting senior citizens, persons with disabilities, etc. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please explain: _____

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| d. Using public bulletin board | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Other | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please explain: _____

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

Yes

No

If yes, which offices: _____

3. If you previously received carrier delivery, there will be no change to your delivery service - proceed to question 4. If you previously received Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your previous service?

Better

Just as Good

No Opinion

Worse

Please explain. _____

4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

Shopping _____

Personal needs _____

Banking _____

Employment _____

Social needs _____

5. Do you currently use local businesses in the community?

Yes

No

If yes, would you continue to use them if the Post Office is discontinued?

Yes

No

Name: _____
(please print your name)

Address: _____

Telephone number: _____ Date: _____

Please add any additional comments on a separate piece of paper and attach it to this form.
Thank you for taking the time to complete this questionnaire.