

**Office of Administration  
Division of Facilities Management  
Leasing Survey**

Please take a few minutes to evaluate the performance of the Leasing Operations over the past year. We appreciate feedback from our tenant agencies to ensure we are providing the services necessary for you to accomplish your mission. Please rate your level of satisfaction in the **past year** as shown below by marking an “x” in the appropriate box for the various categories. If you cannot rate a category or it does not apply, please mark NA.

Thank you in advance for your participation and cooperation.

	Very Dissatisfied				Very Satisfied	
<b><i>Building and Office Environment</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
External Features						
Availability of Parking						
Exterior Appearance and Grounds						
<b><i>Internal Features</i></b>						
Functional Office Layout						
Lighting						
Handicapped Accessibility						
Interior Appearance (carpet, walls, etc.)						
Indoor Air Quality						
Temperature Control						
Restrooms-Operational						
<b><i>Lease Procurement Process</i></b>						
Timeliness of bid or negotiation process						
Accuracy of specifications used in RFP or negotiation process						
Effectiveness of the outcome of the bid or negotiation process						

**Survey continued on next page**

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	Very Dissatisfied				Very Satisfied	
<b><i>Leasing Staff</i></b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
Accessibility-able to contact						
Courtesy						
Knowledge of Leasing process and necessary procedures						
Follow-up communication						
Understanding agency needs and requirements						
Timeliness of responses						
<b><i>Summary Question</i></b>						
Overall level of satisfaction						

**If any answers to the above questions were rated less than 3, please provide additional comments below.**

**Agency Name:**

\_\_\_\_\_

**Your Name:**

\_\_\_\_\_

**Agency Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**Facility Referred to:**

\_\_\_\_\_

**Additional Comments:**