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/Student:____ Instrument:____ Commercial:____ATP:____ Military:____

Type Aircraft Normally Flown:
Single Engine: ____ Multi Engine: ____ Turbo-Prop: ____ Turbo-Jet: ____ Helicopter: ____

Normal Purpose for Flying: **Home Airport**
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 and provide comments on any item rated less than a 4. (Circle the number)

1.	Controllers are courteous, helpful.	1 2 3 4 5
2.	Controllers are professional.	1 2 3 4 5
3.	Communications clear and understandable.	1 2 3 4 5
4.	Rate of speech.	1 2 3 4 5
5.	Timely departure instructions issued.	1 2 3 4 5
6.	Timely control instructions.	1 2 3 4 5
7.	Timely traffic advisories.	1 2 3 4 5
8.	Timely weather information.	1 2 3 4 5
9.	Additional advisories provided to pilots in a timely manner.	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 Drive Box 13
Galveston, TX. 77554

☞ COMMENTS