

FINANCIAL RESPONSIBILITY AFFIDAVIT

STATE OF FLORIDA)
)
COUNTY OF BROWARD) SS:

COMES NOW, the Affiant, being duly sworn, deposes and says:

1. THAT my name is _____.
2. THAT I am providing a valid certificate of insurance as required under Chapter 22 ½ - 9C, Broward County Code of Ordinances.
3. THAT I understand the requirements under Chapter 324, Florida Statutes, and neither myself, nor anyone that will be operating the vehicle(s) for which the permit will be issued, has been involved in a motor vehicle crash or convicted of certain traffic offenses meeting the operative provisions of Section 324.051, Florida Statutes.
4. THAT this affidavit is being provided to obtain Broward County, For-Hire Vehicle Operating Permit #s: _____.

FURTHER AFFIANT SAYETH NAUGHT.

(Affiant Signature)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,

by _____.

NOTARY PUBLIC, STATE OF FLORIDA
COUNTY OF BROWARD

MY COMMISSION EXPIRES: _____

PERSONALLY KNOWN _____ OR PRODUCED IDENTIFICATION _____

TYPE OF IDENTIFICATION PRODUCED _____

Broward County Customer Satisfaction Survey

Broward County Government wants YOUR INPUT on the quality of service you received from **CONSUMER AFFAIRS**, during the recent past. Please help us understand any rating of Disagree, Strongly Disagree, Dissatisfied, or Very Dissatisfied by providing an explanation in the comments column.

Your input will help us serve you better! Thank you for your feedback!

Please tell us how you feel.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable	COMMENTS
1. Staff Knowledge - Staff demonstrated thorough knowledge of their business.							
2. Courtesy - Service was provided in a professional and courteous manner.							
3. Cooperation - Staff worked with me to meet my need(s) and solve my problem(s).							
4. Procedures - Forms and procedures were easy to understand and use.							
5. Response Time - The product/service was provided in a reasonable amount of time.							
6. Service Quality - The quality of product/service satisfied my needs.							
7. Convenience - The location and hours of operation met my needs.							
8. Website Services - Website information/services met my needs.							
Please tell us how you feel.	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	No Opinion	COMMENTS
9. Overall Satisfaction - How would you rate your satisfaction with the service overall?							