

OFFICE OF THE MUNICIPAL HEALTH OFFICER

Approval recommended applicant having been appraised of and have satisfactorily Complied with Health and Sanitation requirements.

Date

DR. ROMMEL P. LEAL
Municipal Health Officer

BPLS FORM
Effectivity Date: January 2015

CLIENT FEEDBACK FORM

Application Type: New Business Business Closure
 Renewal Sales Promo

PLEASE RATE YOUR SATISFACTION:

5 –Excellent 4 –Very Satisfactory 3 –Satisfactory 2 –Fair 1 –Needs Improvement

Business Permit and Licensing Unit

1	2	3	4	5

BIR Office

1	2	3	4	5

Zoning Admin Office

1	2	3	4	5

Mun. Engineer Office

1	2	3	4	5

Bureau of Fire Protection

1	2	3	4	5

Mun. Health Office

1	2	3	4	5

Treasury Office

1	2	3	4	5

Customer's Name & Signature

Date