



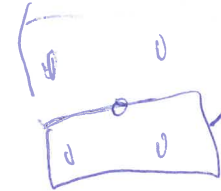
RECEIVED

AUG 01 2022

Mice
Thank you!
Bella

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086



We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremly Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | | | | | | | | | | | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| | Very Poor | | | | | | | | | | Excellent |
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
Very Poor 1 2 3 4 5 6 7 8 9 10 **Excellent**
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
 Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called
10. Generally, on which one day of the week would you prefer service?
 Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
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| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
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16. How satisfied or dissatisfied were you with the time needed to complete the repair?
Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 **Extremely Satisfied**

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

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mike

AUG 01 2022

Theresa Yoo!
BSS



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- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
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3. To what extent did this repair service meet your expectations?

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- 3
- 4
- 5
- 6
- 7
- 8
- 9
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- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

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- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Definitely Will Recommend

7. Please rate the telephone representative on the following:

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|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
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| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)

QUESTIONS ABOUT SCHEDULING

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 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Knowledgeable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Explanation of Repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
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 Other _____

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 Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|
| Trustworthiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Standing Behind Their Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> 10 N/A |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



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AUG 03 2022

Pat
Bello

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
Very Poor 1 2 3 4 5 6 7 8 9 10 **Excellent**
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
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11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | Excellent | | | | | | | | |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|---|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (**SKIP TO Q.16**) No (**CONTINUE**)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
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 Other _____

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16. How satisfied or dissatisfied were you with the time needed to complete the repair?
Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 **Extremely Satisfied**

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | Excellent | | | | | | | |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
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mike
HSA

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|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|-----------------|--------------------------|
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| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | Did Not Explain | <input type="checkbox"/> |
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| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | |
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Pat
NICE!
BWA

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremly Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)



www.wnyplumbing.com

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AUG 08 2022

nice!
BA

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Lancaster, NY 14086

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| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |



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mike

nice
DAA

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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(OVER)



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Post
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BT

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| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

QUESTIONS ABOUT SCHEDULING

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 The day after I called Three days after I called
10. Generally, on which one day of the week would you prefer service?
 Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No *Don't Know*

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------|--------------------------|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain | <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
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16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|-----------|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 <i>well see</i> | |
- Please check this box if you will also use an online rating service, Thank you!

Comments: *Pat was very good.*

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

AUG 08 2022

Pat
nice
BWA

www.wnyplumbing.com

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- | | | | | | | | | | | | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|------------------|
| | Very Poor | | | | | | | | | | Excellent |
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

(OVER)

QUESTIONS ABOUT SCHEDULING

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 Morning Afternoon Evening (after 5p.m.) No particular time
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QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------|--------------------------|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain | <input type="checkbox"/> |
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|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
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Comments:

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RECEIVED

AUG 10 2022

Mike
Nice!
Benny

www.wnyplumbing.com

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|---------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|
| Overall | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 ⁺ |
| Courteous | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
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(OVER)



RECEIVED

AUG 10 2022

Ricky
EXCELLENT
BSS

www.wnyplumbing.com

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QUESTIONS ABOUT SCHEDULING

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12. Were you contacted by phone to confirm the appointment? Yes No

I guess it depends on how urgent.

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | | Excellent |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
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- | | Very Poor | | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
- Please check this box if you will also use an online rating service, Thank you!

Comments: *Very satisfied. Ricky was super nice + did a great job.*

If you would like us to call you, please fill in your telephone number: (____) _____ (11)

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED
AUG 15 2022

Pat
Nice!
BAA

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

(OVER)



RECEIVED
AUG 15 2022

Mike
NICE
PAK

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

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7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
 Same day I called Two days after I called Longer than three days after I called
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10. Generally, on which one day of the week would you prefer service?
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11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------|--------------------------|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain | <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other find when the crack is underground
- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
 Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

Danha Square
90 Grambo Drive

If you would like us to call you, please fill in your telephone number:

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www.wnyplumbing.com

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Lancaster, NY 14086

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- Google
- Other
- Friend
- Used us Before
- Billboard
- Logo on Truck

OVERALL

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- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | | | | | | | | | | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|
| | Very Poor | | | | | | | | | Excellent |
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |

Ricky
RAN

RECEIVED

AUG 15 2022

www.wnyplumbing.com



4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other *You Helped us before*

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor										Excellent
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
 Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called
10. Generally, on which one day of the week would you prefer service?
 Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
 Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

Thanks from 76 HARBURIDGE MANOR

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

RECEIVED

AUG 15 2022

Ricky

BKJ



www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

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6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
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 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
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 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

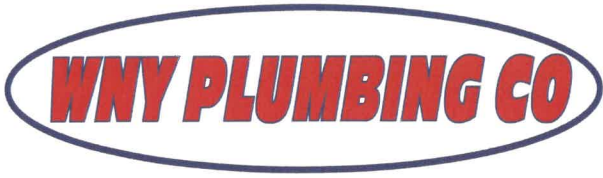
QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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OVERALL

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7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |

Mike

RECEIVED
AUG 18 2022



www.wnyplumbing.com

EXCELLENT!
"IN EVERY WAY"
BWW

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

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- Billboard
- Google
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- Logo on Truck
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OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | | | | | | | | | | | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|------------------|
| | Very Poor | | | | | | | | | | Excellent |
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

(OVER)



RECEIVED
AUG 18 2022
Pat
Thanks!
DWH

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

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- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
 Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called The day I requested to fit MY calendar.
10. Generally, on which one day of the week would you prefer service?
 Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | | Excellent |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
 Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

The repairman could not remove our tap handle as the inset screw was 'stripped', so we have ordered a new set using his recommendation!

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

RECEIVED

AUG 22 2022

Mike
P220



www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other - BUILDERS LIST OF CONTRACTORS

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

	Very Poor										Excellent
Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	

(OVER)



RECEIVED

AUG 22 2022

Pat
NICE
PAT

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

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4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
 Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called
10. Generally, on which one day of the week would you prefer service?
 Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
 Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

~~Cont~~ Pat did a great job!

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

Thank you
R. S.



RECEIVED

AUG 22 2022

Pat
NICE
PAK

www.wnyp^lumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

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- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
 Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called
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 Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
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- 15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

AUG 22 2022

Ricky
NICE
BA

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremly Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
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 Same day I called Two days after I called Longer than three days after I called
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 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | Excellent | |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
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 Other _____

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
 Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | Excellent |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (_____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

AUG 22 2022

Ridley
NIVE
BHU

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Friend
- Billboard
- Google
- Used us Before
- Logo on Truck
- Other

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | Excellent | | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|--|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input checked="" type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
 Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called
10. Generally, on which one day of the week would you prefer service?
 Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|--|--|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
 Same Day 1-3 days 4-6 days 7-8 days More than 8 days Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? Yes No Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

If you would like us to call you, please fill in your telephone number: (____) _____

THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.



RECEIVED

AUG 22 2022

www.wnyplumbing.com

Pat
DETAINED
CUSTOMER...
NICE
Bill

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Newspaper
- Google
- Other
- Friend
- Used us Before
*CONTRACTOR
NEW BUILD*
- Billboard
- Logo on Truck

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

3. To what extent did this repair service meet your expectations?

- Fell Far Below Your Expectations 1 2 3 4 5 6 7 8 9 10 Far Exceeded Your Expectations

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Very Far From Your Ideal 1 2 3 4 5 6 7 8 9 10 Matches Your Ideal

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Definitely Will Not Use Next Time 1 2 3 4 5 6 7 8 9 10 Definitely Will Use Next Time

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend

7. Please rate the telephone representative on the following:

- | | | | | | | | | | | | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|------------------|
| | Very Poor | | | | | | | | | | Excellent |
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |

(OVER)

RECEIVED

AUG 23 2022

Mike

DJA



www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

- Checkboxes for Newspaper, Friend, Billboard, Google, Used us Before, Logo on Truck, Other. Google is checked.

OVERALL

2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?

- Scale 1-10 from Extremely Dissatisfied to Extremely Satisfied.

3. To what extent did this repair service meet your expectations?

- Scale 1-10 from Fell Far Below Your Expectations to Far Exceeded Your Expectations. 9 is checked.

4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

- Scale 1-10 from Very Far From Your Ideal to Matches Your Ideal. 9 is checked.

5. How likely or unlikely are you to use WNY Plumbing the next time you need plumbing service?

- Scale 1-10 from Definitely Will Not Use Next Time to Definitely Will Use Next Time. 9 is checked.

6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

- Scale 1-10 from Definitely Will Not Recommend to Definitely Will Recommend. 10 is checked.

7. Please rate the telephone representative on the following:

- Rating scale for Overall, Courteous, Knowledgeable from Very Poor to Excellent. Overall 10, Courteous 10, Knowledgeable 9 are checked.

(OVER)



RECEIVED
AUG 24 2022

Pat
All "10's"
NEED
Back

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

We would like to thank you for giving WNY Plumbing the opportunity to service the plumbing in your home. We are dedicated to providing quality service. In order to help us improve our quality of service to you, please take a minute to answer this important survey.

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- Newspaper Friend Billboard
- Google Used us Before Logo on Truck
- Other

OVERALL

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7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
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11. Generally, what time of day would you prefer service?
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12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | | Excellent | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------------|--------------------------|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain | <input type="checkbox"/> |
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QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Trustworthiness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

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