



RECEIVED  
DEC 04 2023

Mike  
WOW!  
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 *MARBAKO*

**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)  
 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? *depends on what needs to be fixed*  
 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 | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | Excellent                           |                                          |
|-----------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------------------|
| 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 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 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 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 *New toilet needed 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 | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | Excellent                           |
|----------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 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 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 checked="" type="checkbox"/> |
- Please check this box if you will also use an online rating service. Thank you!

Comments: *Best service I have ever experienced -*

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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Pat  
EXCELLENT!  
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?

- 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:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |                                        | <b>Excellent</b> |
| 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 | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                                  | Excellent                                |
|-----------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------------------|
| 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 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 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 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  
 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 | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                                  | Excellent |
|----------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-----------|
| 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 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 checked="" type="checkbox"/> |           |
- 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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*Hylen*  
**EXCELLENT!**  
**AGAIN**  
*BTW*

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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)

## 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:
- |                              |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                        |                          |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------------|--------------------------|
|                              | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |                                        | <b>Excellent</b>       |                          |
| <b>Professionalism</b>       | <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 |                        |                          |
| <b>Knowledgeable</b>         | <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 |                        |                          |
| <b>Explanation of Repair</b> | <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 | <b>Did Not Explain</b> | <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 *The toilet doesn't run as often but unfortunately it still occasionally happens.*
- 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:
- |                                   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                  |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------|
|                                   | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |                                        | <b>Excellent</b> |
| <b>Trustworthiness</b>            | <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 |                  |
| <b>Standing Behind Their Work</b> | <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 plumber who was here was excellent.*

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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Tym  
nice!  
MB

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

(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?  
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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 \_\_\_\_\_

- 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 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 |  |           |
- 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

DEC 04 2023

TJL  
ALL "10s"  
AGAIN!  
BAY

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)

## 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:

*Very professional and reliable*

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

DEC 04 2023

*Tyler*  
EXCELLENT!  
THANK YOU!  
BKA

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 *Capital Heat*

**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
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 Because your water was turned off for boiler repair
- 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.



www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

RECEIVED

DEC 06 2023

Tyler  
THANK YOU!

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)

## 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 REPAIRED THE IMMEDIATE ISSUES AND RETURNED TO DO FURTHER WORK
- 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 N/A
- 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:

I HAVE USED WNY PLUMBING AT MY HOME AND AT MY OFFICE BUILDING AND HAVE BEEN VERY SATISFIED

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  
DEC 06 2023

Pat  
Wow!  
BHH

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
- (daughter)*

**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)  
 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

*-also a holiday week*  
*\* had to wait for part, but then part wasn't needed*  
*But that was no problem - rather have them be prepared.*  


## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor                |                          |                          |                          |                          |                          |                          |                          |                          |                          | Excellent                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" 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"/> |
| 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 checked="" 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"/> |
| 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 checked="" 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"/> |
- 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

*Part came in Friday and service call was Monday!*

*Serviceman was SO helpful - explained everything so well. Everything is now working perfectly! Yay!*  


## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor                |                          |                          |                          |                          |                          |                          |                          |                          |                          | Excellent                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" 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"/> |
| 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 checked="" 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"/> |
- Please check this box if you will also use an online rating service, Thank you!

Comments: *Thank you for your excellent service! We hope we don't need to call you, but if we do, you'll be the first we call!*

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  
DEC 07 2023

Pat  
EXCELLENT  
JOB

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 *DID PLUMBING WHEN HOUSE WAS A NEW BUILD.*

**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
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 checked="" type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10            |           |
- Please check this box if you will also use an online rating service, Thank you!

Comments:  
 VERY HAPPY WITH SERVICE & REPAIR BUT I THOUGHT THE LABOR RATE OF \$189.99/HOUR WAS A LITTLE EXORBITANT.

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

DEC 07 2023

*John*  
*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    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:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |                                        | <b>Excellent</b> |
| 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:

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.

Tyler

RECEIVED

DEC 1 2023



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:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |                                        | <b>Excellent</b> |
| 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:

I was extremely pleased with WNY Plumbing!  
 Thank you! Happy Holidays!

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.

Pat

RECEIVED

DEC 11 2023



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

HOWARD  
ZUBIN

**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)  
 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:

You guys ARE THE BEST, Period!

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.



PIAT



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)

## 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:
- |                              |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                        |                          |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------------|--------------------------|
|                              | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |                                        | <b>Excellent</b>       |                          |
| <b>Professionalism</b>       | <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 |                        |                          |
| <b>Knowledgeable</b>         | <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 |                        |                          |
| <b>Explanation of Repair</b> | <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 | <b>Did Not Explain</b> | <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:
- |                                   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                  |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------|
|                                   | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |                                        | <b>Excellent</b> |
| <b>Trustworthiness</b>            | <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 |                  |
| <b>Standing Behind Their Work</b> | <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.

# WNY PLUMBING

RECEIVED

DEC 14 2023

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)

## 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                  |                            |                            |                            |                            |                            |                            |                                        |                                          |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------------------------------|
| <b>Professionalism</b>       | <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 |                                          |
| <b>Knowledgeable</b>         | <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 |                                          |
| <b>Explanation of Repair</b> | <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 Had to get the hot water tank

- 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                  |                            |                            |                            |                            |                            |                            |                                        |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|
| <b>Trustworthiness</b>            | <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 |
| <b>Standing Behind Their Work</b> | <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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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.

# WNY PLUMBING

RECEIVED

DEC 14 2023

Pat

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4425 Walden Avenue  
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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)  
 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                |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                                     |    |  |  |  |  |  |
|------------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|-------------------------------------|----|--|--|--|--|--|
| <b>Professionalism</b>       | <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 |  |  |  |  |  |
| <b>Knowledgeable</b>         | <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 |  |  |  |  |  |
| <b>Explanation of Repair</b> | <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**
- 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 weather
- 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                |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                          |   |                                     |    |  |  |  |  |  |
|-----------------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|-------------------------------------|----|--|--|--|--|--|
| <b>Trustworthiness</b>            | <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 |  |  |  |  |  |
| <b>Standing Behind Their Work</b> | <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.

Pat

# WNY PLUMBING

RECEIVED  
DEC 18 2023

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	<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	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

*Rudely w/A Had to wait for parts*

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                              |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                                                 |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|-------------------------------------------------|
|                              | <b>Very Poor</b>           |                            | <b>Excellent</b>           |                            |                            |                            |                            |                            |                            |                                        |                                                 |
| <b>Professionalism</b>       | <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 |                                                 |
| <b>Knowledgeable</b>         | <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 |                                                 |
| <b>Explanation of Repair</b> | <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 | <b>Did Not Explain</b> <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:
- |                                   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|
|                                   | <b>Very Poor</b>           |                            | <b>Excellent</b>           |                            |                            |                            |                            |                            |                            |                                        |
| <b>Trustworthiness</b>            | <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 |
| <b>Standing Behind Their Work</b> | <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: all good THX

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.



Mike

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DEC 27 2023



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 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 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 checked="" 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  
 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.

tyler

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DEC 27 2023



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:

- |               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                        |                  |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------|
|               | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |                                        | <b>Excellent</b> |
| 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 *WROTE DOWN WRONG CELL #*

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor | <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 | 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 | <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 | 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.

# WNY PLUMBING

RECEIVED

DEC 27 2023

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

## 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       |                          |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|-----------------|--------------------------|
| <b>Professionalism</b>       | <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 |                 |                          |
| <b>Knowledgeable</b>         | <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 |                 |                          |
| <b>Explanation of Repair</b> | <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 |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|-----------|
| <b>Trustworthiness</b>            | <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 |           |
| <b>Standing Behind Their Work</b> | <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 FOR THE GREAT HELP  
 BRIAN R. BROOKS

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.

Mila

RECEIVED

DEC 27 2023



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

*many times*

**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)  
 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 *according to our schedule in month*
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 *Excellent work performed according to schedule*
- 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:

*Miki is an extremely competent plumber & representative of WNY Plumbing. I have worked on many projects*

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.