

WNY PLUMBING

RECEIVED
JUN 9 2024

pat

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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 1 2 3 4 5 6 7 8 9 10
- Courteous 1 2 3 4 5 6 7 8 9 10
- Knowledgeable 1 2 3 4 5 6 7 8 9 10

(OVER)

WNY PLUMBING

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Pst

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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
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- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
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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:

Having good people work for you is the key to any business - We appreciate your prompt help when we needed your service

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

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

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

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | | | | | | | | | | | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|------------------------------------------|
| | Very Poor | | Excellent | | | | | | | | |
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
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 the product needed to be replaced or the technician determined the product is unrepairable
 Other The part was for an additional service, and it was ordered from the manufacturer directly.
- 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

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- Please check this box if you will also use an online rating service, Thank you!

Comments:

Patrick is a fantastic worker, and highly knowledgeable. He provided many useful suggestions both times he was here. We would request him again. And thanks for the professionalism of Mike 😊

If you would like us to call you, please fill in your telephone number: () Thank you for everything!

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

(OVER)

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QUESTIONS ABOUT THE REPAIR ITSELF

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|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|-----------------|--------------------------|
| 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 checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | | |
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| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | Did Not Explain | <input type="checkbox"/> |
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QUESTIONS ABOUT WNY PLUMBING CO.

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Comments:

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|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------------------|
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|-----------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------------------|
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| 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"/> |
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| 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"/> |
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Comments:

Definitely Professional & Excellent Service

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

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | | Excellent |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|----------------------------------------|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input 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 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)

WNY PLUMBING

RECEIVED
DEC 23 2024

Mike

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 1 2 3 4 5 6 7 8 9 10
- Courteous 1 2 3 4 5 6 7 8 9 10
- Knowledgeable 1 2 3 4 5 6 7 8 9 10

(OVER)

WNY PLUMBING

RECEIVED
DEC 25 2024

Pat

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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- Definitely Will Not 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)

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DEC 25 2024

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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

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7. Please rate the telephone representative on the following:

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

(OVER)

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DEC 23 2024

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4425 Walden Avenue
Lancaster, NY 14086

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

- Very Poor Excellent
- Overall 1 2 3 4 5 6 7 8 9 10
- Courteous 1 2 3 4 5 6 7 8 9 10
- Knowledgeable 1 2 3 4 5 6 7 8 9 10

(OVER)

WNY PLUMBING

RECEIVED
DEC 26 2024
Pat

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

7. Please rate the telephone representative on the following:

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

(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:

Exceeded my expectations, I would highly recommend to others.

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 26 2024

hbl

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 1 2 3 4 5 6 7 8 9 10
- Courteous 1 2 3 4 5 6 7 8 9 10
- Knowledgeable 1 2 3 4 5 6 7 8 9 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! *All try, but usually never get around to it!*

Comments:

Phone Rep. had serviceman at my house within 2 hours. Serviceman explained his entire process & also in on demand

If you would like us to call you, please fill in your telephone number: () *hot water heater. Great*

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



RECEIVED
DEC 26 2024

www.wnyplumbing.com

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Lancaster, NY 14086

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

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

OVERALL

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

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

