



RECEIVED

FEB 02 2022

Mike

www.wnyplumbing.com

Thank you!
Bobb

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

- Very Poor Excellent
- Overall 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) M

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
FOR CONVENIENCE
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 Allowed Me to prep Area For Repair 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
- 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:
Worked very well with home owner explained everything worked at our convenience. Mike was our Tech.

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

FEB 03 2022

Refused



www.wnyplumbing.com

DAN

4425 Walden Avenue
Lancaster, NY 14086

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- Other

OVERALL

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| | Very Poor | | Excellent | | | | | | | |
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input checked="" type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Courteous | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input checked="" type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input checked="" type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input 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 checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | |
| 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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 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

2 different service calls appoints. I was great
~~The other incomplete~~

If you would like us to call you, please fill in your telephone nu
THANK YOU FOR YOUR HELP! Please return

provided.



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FEB 07 2022

www.wnyplumbing.com

Mike
All 10's
Bates

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

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

7. Please rate the telephone representative on the following:

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | | | | | | | | | | 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

Mike

Thank you!

[Signature]

4425 Walden Avenue
Lancaster, NY 14086

RECEIVED
FEB 07 2012

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)

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OVERALL

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

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- 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

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QUESTIONS ABOUT THE REPAIR ITSELF

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

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Riley

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MIC
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- Google Used us Before Logo on Truck
- Other - *life-long user of your services*

OVERALL

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(OVER)

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- | | 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 called after hours to say my sump pump was dying. I was their first appointment the very next day! How do you beat that?

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

RECEIVED

FEB 08 2022

Riley
GREAT FEEDBACK!
BAA

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

(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 | <i>RICKY -</i> |
| 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 | <i>EXCELLENT & PROFESSIONAL</i> |
| 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 | <i>Did Not Explain</i> <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

FEB 14 2022

Mike

www.wnyplumbing.com

EXCELLENT BAW

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) M

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 type="checkbox"/> 10 | ? | |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

MIKE WAS GREAT - COST WAS TOO HIGH BUT PROBABLY EQUAL TO OTHER PLUMBERS

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

FEB 10 2022

Mike
All "10's"
B446

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 *n/a*
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.

RECEIVED Taylor
FEB 14 2022



www.wnyplumbing.com

GREAT COMMENT!
BCKP

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 checked="" type="checkbox"/> 9 | <input 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
- Because we had to wait for 75 gallon tank.*
10. Generally, on which one day of the week would you prefer service?
 Sun. Mon. Tues. Wed. Thurs. Fri. Sat. No particular day
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

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

- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
 a part had to be ordered
 the technician could not fix or determine the problem and needed assistance
 the product failed again shortly after the first visit
 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments: *We're pleased with service. We understood timing to get 75 gal tank in. Pleasant, knowledgeable technician.*

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

FEB 16 2022

Taylor

www.wnyplumbing.com

ALL "10's"
BKK

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 | <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"/> | 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"/> | <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"/> | Excellent |
|-----------------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Trustworthiness | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Standing Behind Their Work | | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

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

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

RECEIVED

FEB 16 2022

Taylor



www.wnyplumbing.com

6000 BAK

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

- Scale from 1 (Extremely Dissatisfied) to 10 (Extremely Satisfied). 10 is checked.

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

- Scale from 1 (Fell Far Below Your Expectations) to 10 (Far Exceeded Your Expectations). 8 is checked.

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

- Rating categories: Overall, Courteous, Knowledgeable. Scale from 1 (Very Poor) to 10 (Excellent). 10 is checked for all three.

(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

1 can't recall if 2 or 3

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:
 It was the second time in 3 months I called because my toilet was running. I appreciated not being charged for labor on the second visit.

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

FEB 23 2022

www.wnyplumbing.com

Taylor
NICE!
Bella

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
Very Poor 1 2 3 4 5 6 7 8 9 10 **Excellent**
9. What day was your service scheduled for? (**"X" ALL THAT APPLY**)
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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"/> | <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"/> | |
| 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 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
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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?
 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Standing Behind Their Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

Thank you for your quick service.

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.