

RECEIVED JUN 17 2021

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

Thank you  
MILLIE!  
BWH

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

*Great experience! Rating: 5 stars Mike and Sean did excellent work at our house.*

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

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



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**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?

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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:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
- Same day I called  Two days after I called  Longer than three days after I called
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10. Generally, on which one day of the week would you prefer service?
- 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  1  2  3  4  5  6  7  8  9  10
- Knowledgeable  1  2  3  4  5  6  7  8  9  10
- Explanation of Repair  1  2  3  4  5  6  7  8  9  10 Did Not Explain
- 14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
- a part had to be ordered
- the technician could not fix or determine the problem and needed assistance
- the product failed again shortly after the first visit
- the product needed to be replaced or the technician determined the product is unrepairable
- Other \_\_\_\_\_

- 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  1  2  3  4  5  6  7  8  9  10
- Standing Behind Their Work  1  2  3  4  5  6  7  8  9  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.



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JUN 15 2021

Mike

www.wnyplumbing.com

thank you!  
BM

WNY Plumbing Co, Inc.  
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Lancaster, NY 14086

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**OVERALL**

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

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

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

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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  
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11. Generally, what time of day would you prefer service?  
 Morning  Afternoon  Evening (after 5p.m.)  No particular time
12. Were you contacted by phone to confirm the appointment?  Yes  No

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

JUN 15 2021

mike



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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 1-10, Extremely Satisfied

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

- Fell Far Below Your Expectations 1-10, Far Exceeded Your Expectations

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

- Very Far From Your Ideal 1-10, 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 1-10, Definitely Will Use Next Time

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

- Definitely Will Not Recommend 1-10, Definitely Will Recommend

7. Please rate the telephone representative on the following:

- Very Poor to Excellent ratings for Overall, Courteous, and Knowledgeable

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?  
**Very Poor**     1    2    3    4    5    6    7    8    9    10    **Excellent**
9. What day was your service scheduled for? ("X" ALL THAT APPLY)  
 Same day I called     Two days after I called     Longer than three days after I called  
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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 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 type="checkbox"/> 9            | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
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 Same Day    1-3 days    4-6 days    7-8 days    More than 8 days    Part still on order
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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**

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- |                            | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                                       | Excellent                   |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|
| Trustworthiness            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |
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Comments:

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**OVERALL**

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

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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

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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:

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

## QUESTIONS ABOUT SCHEDULING

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 The day after I called      Three days after I called
10. Generally, on which one day of the week would you prefer service?  
 Sun.    Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    No particular day
11. Generally, what time of day would you prefer service?  
 Morning    Afternoon    Evening (after 5p.m.)    No particular time
12. Were you contacted by phone to confirm the appointment?    Yes    No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       |   |  |
|-----------------------|---|--|
|                       | <b>Very Poor</b>  | <b>Excellent</b>                         |
| 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:
- |                            |   |                  |
|----------------------------|---|------------------|
|                            | <b>Very Poor</b>  | <b>Excellent</b> |
| 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

JUN 3 2021

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:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
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 checked="" type="checkbox"/> 10 |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <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

JUN 3 2021

mike

www.wnyplumbing.com

thanks MIKE!  
BARBARA

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 |

N/A

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

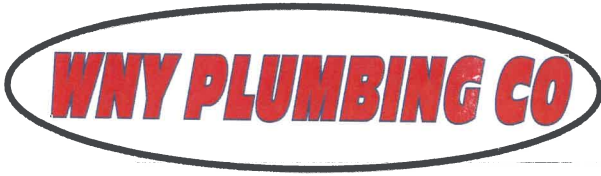
THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided.

RECEIVED

JUN 3 2021

Ricky

www.wnyplumbing.com



WNY Plumbing Co, Inc.
4425 Walden Avenue
Lancaster, NY 14086

Nice work Ricky!
Charles Barrett

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). 10 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 scale for Overall, Courteous, and Knowledgeable 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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

I WAS very impressed + more than satisfied with the Toilet INSTALL. Will be doing another IN NEAR FUTURE. You're on my list as my plumbing source!

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  
JUN 08 2021

www.wnyplumbing.com *Ricky*

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 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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

WNY Plumbing Co, Inc.
4425 Walden Avenue
Lancaster, NY 14086

GOOD JOB RICKY!

BARNETT

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. 'Friend' and 'Used us Before' are checked.

OVERALL

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

- Scale 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). 10 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:

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

## 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 — *was over weekend so ok*

## 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? *N/A*  
 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:

*Great job by Ricky! Very professional and neat with his work space. Will request him again*

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

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



www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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). 10 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 scale for Overall, Courteous, and Knowledgeable from 1 (Very Poor) to 10 (Excellent). 9 is checked for all three categories.

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

*I consider WNY Plumbing as a friend, I have been using them 20 years. The tech is absolutely outstanding*

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

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



www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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, and Other BUILDER CONTRACTOR.

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). X is marked at 9.

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). X is marked at 9.

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). X is marked at 9.

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). X is marked at 10.

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). X is marked at 10.

7. Please rate the telephone representative on the following:

- Rating categories: Overall, Courteous, Knowledgeable. Scale from 1 (Very Poor) to 10 (Excellent). X is marked at 8 for Overall and Courteous, and 5 for Knowledgeable.

DIRECTED CALL TO ANOTHER PERSON

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
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 OF MY SCHEDULE)
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  MID - TO - LATE MORNING
12. Were you contacted by phone to confirm the appointment?  Yes  No I DO NOT RECALL.

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

Comments:

*I DO NOT KNOW THE COMPANY WELL ENOUGH TO GIVE HIGHER RATINGS IN Q. 17. MIKE WAS THE TECHNICIAN WHO PERFORMED SERVICE - HE IS WONDERFUL TO WORK WITH.*

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

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





www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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 *New Home*

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

MIKE WAS PROFESSIONAL & KNOWLEDGEABLE.  
 WOULD RECOMMEND HIM TO NEIGHBORS.

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

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



www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Knowledgeable         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Explanation of Repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- Did Not Explain
- 14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
- a part had to be ordered *I ordered the part under warranty*
- 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Standing Behind Their Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

*EXCELLENT ETC ETC ETC*

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

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



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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? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
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:

MIKE WAS PROFESSIONAL, KNOWLEDGABLE, & FAMILIAR WITH MY HOME.

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

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





www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

---



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

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



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

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
- Same day I called  Two days after I called  Longer than three days after I called
- The day after I called  Three days after I called
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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
- 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"/> | <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:

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

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



www.wnyplumbing.com

4425 Walden Avenue  
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1. Where have you seen or heard about WNY Plumbing? ("X" ALL THAT APPLY)

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
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"/> | <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
- 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"/> | <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:

SEAN WAS VERY NICE, EXPLAINED PROBLEM WELL AND DIAGNOSED IT. I WILL ASK FOR HIM AGAIN IF THERE'S ANY FUTURE ISSUES.

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

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



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

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

GREAT JOB WNY!  
PLUMBING

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

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





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

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

all technicians are excellent representatives of the Company

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

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

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

## 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:

Mike is extremely competent AND helpful -

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.