

# WNY PLUMBING

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JUN 02 2025

thanks!  
Bbb

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)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input 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 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|---------------------|

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

- |                                  |                            |                            |                            |                            |                            |                            |                            |                            |                                       |                             |                                |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|--------------------------------|
| Fell Far Below Your Expectations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input 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 | Far Exceeded Your Expectations |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|--------------------------------|

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

- |                          |                            |                            |                            |                            |                            |                            |                            |                            |                                       |                             |                    |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|--------------------|
| Very Far From Your Ideal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input 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 | 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input 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 | Definitely Will Use Next Time |
|-----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|-------------------------------|

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

- |                               |                            |                            |                            |                            |                            |                            |                            |                            |                                       |                             |                           |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|---------------------------|
| Definitely Will Not Recommend | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input 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 | Definitely Will Recommend |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|---------------------------|

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | 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:

*I was told I would need a new hot water tank in near future. It is a double vented heater (very expensive) I'm in Marrano WindStone Community, why do I have to have a double vented tank??*

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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- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Extremely Satisfied
------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	---------------------

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

Fell Far Below Your Expectations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Matches Your Ideal
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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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Definitely Will Use Next Time
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## 6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Definitely Will Recommend
-------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	---------------------------

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?  
 Very Poor ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)  
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11. Generally, what time of day would you prefer service?  
☒ Morning ☐ Afternoon ☐ Evening (after 5p.m.) ☐ No particular time
12. Were you contacted by phone to confirm the appointment? ☐ Yes ☒ No *I don't think so - but can't remember!*

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

Comments:

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

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





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| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard     |
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| <input type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Extremely Satisfied
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## 3. To what extent did this repair service meet your expectations?

Fell Far Below Your Expectations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Far Exceeded Your Expectations
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## 4. Imagine an ideal repair service. How well did WNY Plumbing compare with your ideal?

Very Far From Your Ideal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Definitely Will Use Next Time
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## 6. How likely or unlikely are you to recommend WNY Plumbing Services to a friend?

Definitely Will Not Recommend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 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?  
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|-----------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| 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 ☐
- 14a. Did we complete the repair on our first trip to your home? ☒ Yes (SKIP TO Q.16) ☐ No (CONTINUE)
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- |                            | Very Poor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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! *Did & Google*

Comments:

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

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

# WNY PLUMBING

RECEIVED

JUN 02 2025

EXCELLENT  
REVIEW  
BJS

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)

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard                |
| <input type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input checked="" type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

- |                                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                                |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--------------------------------|
| Fell Far Below Your Expectations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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"/> | 10 |
| 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"/> | 10 |
| 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"/> | 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 | 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 SERVICE, COURTESY & EXCELLENCE!*

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 02 2025

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)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input checked="" type="checkbox"/> Friend | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google    | <input type="checkbox"/> Used us Before    | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

- |                                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                                |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--------------------------------|
| Fell Far Below Your Expectations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Definitely Will Recommend |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------------|

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | 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 04 2025

NICE!  
BHW

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)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google           | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input checked="" type="checkbox"/> 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 ☒ 10Extremely  
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 ☒ 10Far 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 ☒ 10Matches  
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 ☒ 10Definitely 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 ☒ 10Definitely Will  
Recommend7. Please rate the telephone representative on the following:

Very Poor

Excellent

Overall ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10Courteous ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10Knowledgeable ☐ 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  
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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 | 1                          | 2                          | 3                          | 4                          | 5                          | 6                          | 7                          | 8                          | 9                          | 10                                     | 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 | 1                          | 2                          | 3                          | 4                          | 5                          | 6                          | 7                          | 8                          | 9                          | 10                                     | 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:

*They are the ones to do it! Peri Daughter-in-Law! She was right!*

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

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



# WNY PLUMBING

RECEIVED

JUN 05 2025

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)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input checked="" type="checkbox"/> Friend         | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

- |                                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                                |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--------------------------------|
| Fell Far Below Your Expectations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Definitely Will Recommend |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------------|

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

pille  
**RECEIVED**

JUN 09 2025

**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)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Friend         | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google           | <input type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input checked="" type="checkbox"/> Other | Marrano New Build                       |  |

**OVERALL****2. Considering everything from your initial call to the completion of the repair, how satisfied or dissatisfied were you with our most recent plumbing repair?**Extremely  
Dissatisfied☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☒10Extremely  
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 ☒10Far 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 ☒10Matches  
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 ☒10Definitely 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 ☒10Definitely 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | Excellent                              |  |
|-----------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism       |           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Knowledgeable         |           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Explanation of Repair |           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? ☒ Yes (SKIP TO Q.16) ☐ No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)  
☐ a part had to be ordered  
☐ the technician could not fix or determine the problem and needed assistance  
☐ the product failed again shortly after the first visit  
☐ the product needed to be replaced or the technician determined the product is unrepairable  
☐ Other \_\_\_\_\_

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- 15b. If a part had to be ordered, did we keep you informed about status? ☐ Yes ☐ No ☐ Not applicable

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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





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

USING WNY PLUMBING FOR YEARS NOW AND I'VE NEVER BEEN DISAPPOINTED. IN FACT, THEY GO ABOVE & BEYOND ANY OTHER CONTRACTORS.

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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- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

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

Comments:

*I can't remember the plumber's name, he was excellent, a credit to 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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JUN 09 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

Comments:

*The service was great. The repair man was excellent.*

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

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



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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)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

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

Comments:

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

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- ☐ Newspaper ☐ Friend ☐ Billboard  
☐ Google ☒ Used us Before ☐ Logo on Truck  
☒ Other INSTALLED PLUMBING FOR HOUSE BUILD

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor Excellent

Overall ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☒9 ☐10

Courteous ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☒9 ☐10

Knowledgeable ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☒9 ☐10

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor | 1                          | 2                          | 3                          | 4                          | 5                          | 6                          | 7                          | 8                          | 9                          | 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 | 1                          | 2                          | 3                          | 4                          | 5                          | 6                          | 7                          | 8                          | 9                                     | Excellent                   |
|----------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|
| Trustworthiness            |           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input 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:

*Mike was professional, willing to answer all questions and offered advice on maintenance as well as general plumbing questions. Mike was friendly and pleasant as well.*

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

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

# WNY PLUMBING

RECEIVED

JUN 16 2025

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)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Newspaper | <input checked="" type="checkbox"/> Friend         | <input type="checkbox"/> Billboard     |
| <input checked="" type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Extremely Satisfied
------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	---------------------

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

Fell Far Below Your Expectations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Definitely Will Recommend
-------------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	--	---------------------------

7. Please rate the telephone representative on the following:

*Sorry, I don't remember*

	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

*Mike called right back (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 *about 1 week*
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 type="checkbox"/> | <input checked="" type="checkbox"/> | <i>Mike is excellent</i> |
| 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                | 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 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:

*Mike is an excellent plumber.*

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 *File*  
JUN 16 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor Excellent

Overall ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☒9 ☐10

Courteous ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☒9 ☐10

Knowledgeable ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☒9 ☐10

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                                   | 10                       | Excellent |
|-----------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-----------|
| Professionalism       |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |
| Knowledgeable         |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |           |
| Explanation of Repair |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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?

<b>Extremely Dissatisfied</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 checked="" type="checkbox"/> 9 <input type="checkbox"/> 10	<b>Extremely Satisfied</b>
-------------------------------	---	----------------------------

## 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 checked="" type="checkbox"/> | <input type="checkbox"/> |           |
| Standing Behind Their Work |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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.



RECEIVED

JUN 16 2025

Mile

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)

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend         | <input type="checkbox"/> Billboard                |
| <input type="checkbox"/> Google    | <input type="checkbox"/> Used us Before | <input checked="" type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

- |                                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                                |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--------------------------------|
| Fell Far Below Your Expectations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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) *(2 separate visits)*  
☒ 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 ☐
- 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) *Partially*  
☒ 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:

*A+ rating for your company - great service.*

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

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





RECEIVED

JUN 16 2025

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)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

- |                                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                                |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--------------------------------|
| Fell Far Below Your Expectations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Definitely Will Recommend |
|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------------|

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?  
☐ Same Day ☐ 1-3 days ☐ 4-6 days ☐ 7-8 days ☐ More than 8 days ☐ Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? ☐ Yes ☐ No ☐ Not applicable

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



RECEIVED

JUN 18 2025

mka

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

## 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:

WNY PLUMBING has been our choice for years.  
 Mike does an excellent job. Courteous Knowledgeable

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

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



# WNY PLUMBING

RECEIVED

JUN 18 2025

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

already did To 102 Oakwood

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 ☐
- 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 *minor issue no issue*

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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! *already done*

Comments:

*quality quality quality*

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 23 2025

tbl

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?  
☐ Same Day ☐ 1-3 days ☐ 4-6 days ☐ 7-8 days ☐ More than 8 days ☐ Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? ☐ Yes ☐ No ☐ Not applicable

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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 23 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor Excellent

Overall ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☒10

Courteous ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☒10

Knowledgeable ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☒10

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

Comments:

*I have no complaints, but the only reason the 8's + 9's aren't 10's is because the total cost of the repair was a bit higher than expected.*

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.

tylr  
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JUN 23 2025

[www.wnyplumbing.com](http://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)

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard     |
| <input type="checkbox"/> Google    | <input checked="" type="checkbox"/> Used us Before | <input type="checkbox"/> Logo on Truck |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

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

Comments:

EVERYTHING WAS EXCELLENT ABOUT THE WORK TYLER DID FOR US AND THE BILL WAS REASONABLE.

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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www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?  
☐ Same Day ☒ 1-3 days ☐ 4-6 days ☐ 7-8 days ☐ More than 8 days ☐ Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? ☐ Yes ☐ No ☒ Not applicable

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Friend                    | <input type="checkbox"/> Billboard                |
| <input type="checkbox"/> Google           | <input checked="" type="checkbox"/> Used us Before | <input checked="" type="checkbox"/> Logo on Truck |
| <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Extremely Satisfied |
|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|---------------------|

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

- |                                  |                            |                            |                            |                            |                            |                            |                            |                            |                                       |                             |                                |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|--------------------------------|
| Fell Far Below Your Expectations | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input 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 | Far Exceeded Your Expectations |
|----------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|--------------------------------|

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

- |                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                    |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--------------------|
| Very Far From Your Ideal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 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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10. Generally, on which one day of the week would you prefer service?  
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11. Generally, what time of day would you prefer service?  
☐ Morning ☒ Afternoon ☐ Evening (after 5p.m.) ☐ No particular time
12. Were you contacted by phone to confirm the appointment? ☒ Yes ☐ No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor | 1                          | 2                          | 3                          | 4                          | 5                          | 6                          | 7                          | 8                          | 9                          | Excellent                              |  |
|-----------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism       |           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Knowledgeable         |           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Explanation of Repair |           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? ☒ Yes (SKIP TO Q.16) ☐ No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)  
☐ a part had to be ordered  
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- 15b. If a part had to be ordered, did we keep you informed about status? ☐ Yes ☐ No ☐ Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?  
**Extremely Dissatisfied** ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 **Extremely Satisfied**

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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☐ 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  
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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                | 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 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  
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☐ Other \_\_\_\_\_

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

*Service Repair Rep was Excellent. Great Ambassador to your Company. I think his name is Mike.*

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.