



RECEIVED

APR 06 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

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

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a part had to be ordered  
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16. How satisfied or dissatisfied were you with the time needed to complete the repair?

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

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

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

# WNY PLUMBING

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10/06/2025

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Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10
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(OVER)

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Excellent

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

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

Comments:

I HAVE USED WNY PLUMBING ABOUT 5 TIMES OVER THE YEARS AND WAS VERY SATISFIED EACH TIME.

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

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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

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(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very  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

## 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Explanation of Repair	<input type="checkbox"/>	<input checked="" 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)

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------------------------	---	---------------------

## QUESTIONS ABOUT WNY PLUMBING CO.

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Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Standing Behind Their Work	<input type="checkbox"/>	<input checked="" 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:

*WOW! YOU'RE THE BEST!*

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

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NOV 10 2025

Mike

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

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**OVERALL**

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

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

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

(OVER)

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Longer than three days after I called

*Donot remember*

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

Comments:

OUR SERVICE MAN WAS extremely COURTEOUS, KNOWLEDGEABLE, EFFICIENT, EXPEDIENT. PLEASE GIVE HIM THIS MESSAGE

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor  1  2  3  4  5  6  7  8  9  10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

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

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

Comments:

---



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

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

# WNY PLUMBING

RECEIVED

NOV 10 2025

16m

[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)

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor

Excellent

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very  1  2  3  4  5  6  7  8  9  10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other *Bad battery on sunpalm*

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*Very pleased!*

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

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

<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 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  10 Extremely Satisfied

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor  1  2  3  4  5  6  7  8  9  10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied

1  2  3  4  5  6  7  8  9  10

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*Tyler was great. Took the time to explain the issue & recommended a backup pump*

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  
NOV 17 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input 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  1  2  3  4  5  6  7  8  9  10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called

10. Generally, on which one day of the week would you prefer service?

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11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
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 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order 

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*Tyler was exceptional!*

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  
NOV 17 2025  
TJW

[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)

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  
 The day after I called  Three days after I called

Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism

1  2  3  4  5  6  7  8  9  10

Knowledgeable

1  2  3  4  5  6  7  8  9  10

Explanation of Repair

1  2  3  4  5  6  7  8  9  10

Did Not  
Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
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 Other \_\_\_\_\_

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Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely  
Dissatisfied

1  2  3  4  5  6  7  8  9  10

Extremely  
Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness

1  2  3  4  5  6  7  8  9  10

Standing Behind  
Their Work

1  2  3  4  5  6  7  8  9  10

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

Comments:

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

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

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4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor  1  2  3  4  5  6  7  8  9  10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*Technician was thorough & 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

NOV 17 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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## OVERALL

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very Poor  1  2  3  4  5  6  7  8  9  10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
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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

I called FIRST

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other wrong size toilets

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

Appreciate your help and fair price

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

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

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## OVERALL

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

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

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

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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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  10 Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
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Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

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

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

---



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

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



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

<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  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  
 The day after I called  Three days after I called

Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism

1  2  3  4  5  6  7  8  9  10

Knowledgeable

1  2  3  4  5  6  7  8  9  10

Explanation of Repair

1  2  3  4  5  6  7  8  9  10

Did Not  
Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
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 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely  
Dissatisfied

1  2  3  4  5  6  7  8  9  10

Extremely  
Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness

1  2  3  4  5  6  7  8  9  10

Standing Behind  
Their Work

1  2  3  4  5  6  7  8  9  10

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

Comments:

*Very Satisfied with overall Process. Initial Visit was Assessment and quote. No pressure. Installation was smooth*

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

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## OVERALL

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

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

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

(OVER)

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

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14b. If no, was it because? ("X" ALL THAT APPLY)

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Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

Mike was very thorough and explained every step he completed.  
I would recommend WNY Plumbing to everyone because of him.

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

NOV 17 2025

Mia

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 Other

## OVERALL

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

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  1  2  3  4  5  6  7  8  9  10 Excellent  
Poor

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*ALWAYS A GREAT JOB DONE (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.



RECEIVED

NOV 17 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input 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  1  2  3  4  5  6  7  8  9  10 Excellent  
Poor

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely Dissatisfied	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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 <input type="checkbox"/>
------------------------	---	--

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

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

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

Comments:

*AFTER MIKE CLEARED THE JRAIN, HE ASKED IF THERE WAS ANYTHING ELSE HE COULD DO FOR US. HE THEN FIXED A SLOW RUNNING TORLET. ABOVE AND BEYOND, THANK YOU!*

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  
NOV 17 2015  
Ku

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

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

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

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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  10 Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*REPAIRMAN WAS VERY ACCOMODATING.*

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  
NOV 17 2025  
mila

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  1  2  3  4  5  6  7  8  9  10 Excellent  
Poor

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
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11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor									Excellent	
Professionalism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

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

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

Comments:

MIKE IS THE BEST

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"/> 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  1  2  3  4  5  6  7  8  9  10 Extremely Satisfied

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

Very  
Poor

1  2  3  4  5  6  7  8  9  10

Excellent

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  
 The day after I called

Two days after I called  
 Three days after I called

Longer than three days after I called

10. Generally, on which one day of the week would you prefer service?

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Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Knowledgeable	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10
Explanation of Repair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

Did Not  
Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

Extremely  
Dissatisfied

1  2  3  4  5  6  7  8  9  10

Extremely  
Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness

1  2  3  4  5  6  7  8  9  10

Standing Behind  
Their Work

1  2  3  4  5  6  7  8  9  10

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

Comments:

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

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

# WNY PLUMBING

RECEIVED

NOV 24 2025

7/6

[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 checked="" type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input checked="" 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  1  2  3  4  5  6  7  8  9  10 Extremely Satisfied

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor

Excellent

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?

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

9. What day was your service scheduled for? ("X" ALL THAT APPLY)

Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor									Excellent	
Professionalism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10	
Knowledgeable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10	
Explanation of Repair	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 10	Did Not Explain <input type="checkbox"/>

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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input 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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## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

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

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

Comments:

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

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

# WNY PLUMBING

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      Ferguson

## 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  
 The day after I called  Three days after I called

Longer than three days after I called

*This is because we were going out of town,*

10. Generally, on which one day of the week would you prefer service?

Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  No particular day

11. Generally, what time of day would you prefer service?

Morning  Afternoon  Evening (after 5p.m.)  No particular time

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)

14b. If no, was it because? ("X" ALL THAT APPLY)

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order

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

16. How satisfied or dissatisfied were you with the time needed to complete the repair?

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*The Technician was great*

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.