

# WNY PLUMBING

RECEIVED  
01/01/2025  
RECEIVED  
01/01/2025  
RECEIVED  
01/01/2025

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 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 *problem was bigger than expected, technician needed to return to finish*

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

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Very Poor Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

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

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

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01 2025

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Very Poor

Excellent

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

## QUESTIONS ABOUT SCHEDULING

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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

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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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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 did a great job on replacing the main sump and installing the backup. He also did a good job explaining other plumbing services I might need*

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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DE 03 2025  
tyl

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 Other *MARRASO NEW BUILT*

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

Very  
Poor

1  2  3  4  5  6  7  8  9  10

Excellent

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

Same day I called  Two days after I called  
 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?

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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)

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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:

*Tyler, the technician answered all my questions and did a great job.*

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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06/06/2025

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

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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       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  
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Two 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

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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Dissatisfied

1  2  3  4  5  6  7  8  9  10

Extremely  
Satisfied

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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!

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Excellent

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

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mika

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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       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  
 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

Professionalism

1  2  3  4  5  6  7  8  9  10

Excellent

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

Trustworthiness

1  2  3  4  5  6  7  8  9  10

Excellent

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.



RECEIVED  
10/09/26  
JL

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

**Very Poor**

**Excellent**

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

Excellent

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	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
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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 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:

*Tyler & Mike, our most recent plumbers, have been so professional, personable, knowledgeable + KIND!*

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

REVIEW  
6/10/14

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)

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

09/09/2018

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 type="checkbox"/> 10

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor  1  2  3  4  5  6  7  8  9  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  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

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

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

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

Trustworthiness  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

01/26/2026

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

4425 Walden Avenue  
Lancaster, NY 14086

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

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

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend	<input type="checkbox"/> Billboard
<input type="checkbox"/> Google	<input type="checkbox"/> Used us Before	<input type="checkbox"/> Logo on Truck
<input type="checkbox"/> Other		

## OVERALL

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

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

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

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

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

Very Far From Your Ideal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	Matches Your Ideal
--------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------	--------------------

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

Excellent

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

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

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

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

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

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

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

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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

Comments:

---



---

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

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



RECEIVED

09 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor

Excellent

Overall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input 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:

---



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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.



RECEIVED

DEC 09 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other (BROTHER)

**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: (MADE APPOINTMENT AT YOUR OFFICE)

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 (AT OFFICE)  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	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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"/>
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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 type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	
Standing Behind Their Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	

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

Comments:

I HAVE ALWAYS BEEN PLEASED WITH YOUR SERVICE. PRICE WAS ABOUT \$1,000 CHEAPER THAN EMERGENCY HEATING.

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  
10/10/2025  
Mike

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

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

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

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

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

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

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

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

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

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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.

# WNY PLUMBING

RECEIVED

10/10/2025

Milam

[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  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  
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 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

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

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Very Poor

Excellent

Trustworthiness  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

DEC 10 2025

John

[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      *(Builder)*

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

## 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:

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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  
10/13/2025  
Mika

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

### Very Poor

### Excellent

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

Excellent

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

Did Not Explain

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

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

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

Other *fix was going to take longer than scheduled for*

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

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

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

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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

Comments:

*Mike is the best, takes time to explain everything & keeps you informed as he works*

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

DEC 15 2025

Mkm

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

	Very Poor	Excellent
Trustworthiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input 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

RECEIVED

DEC 15 2015

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

Thank You //  
Navyllia

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  
 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  
 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:

Your company and Employee are super  
 Wonderful to work with  
 Rate you go to company

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

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

# WNY PLUMBING

RECEIVED

DEC 16 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

TRS  
Recomended

## 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  
 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 → 9:00 am - 3:00 PM

12. Were you contacted by phone to confirm the appointment?

Yes  No → The service man called prior to arriving

## 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:

We really liked Tyler and would welcome him back for future service!

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

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



RECEIVED

DEC 16 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor  1  2  3  4  5  6  7  8  9  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  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

Trustworthiness  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

RECEIVED

DEC 16 2025

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

Extremely Dissatisfied  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  
 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:

On Time Very friendly (Good Job)

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

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

# WNY PLUMBING

RECEIVED  
DEC 10 2025  
JL

[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 *You did the plumbing when the house was built*

## 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?

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  
 the product failed again shortly after the first visit  
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 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.



RECEIVED

DEC 17 2025

www.wnyplumbing.com

Mila

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor

Excellent

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

Excellent

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

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

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

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

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

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

12. Were you contacted by phone to confirm the appointment?

Yes  No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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

Comments:

---



---

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

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

# WNY PLUMBING

RECEIVED  
DEC 16 2025  
Mike

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

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

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

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

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

Trustworthiness  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:

Techonican was excellent and very 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

DEC 22 2025

Mike

[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?

Far 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:

NO PRE PAY ENVELOPE?  
 SENT BY OWN

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

DEC 29 2025

7pm

[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

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  
 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
- 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:

*Service was excellent*

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

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

# WNY PLUMBING

RECEIVED

DEC 19 2025

mice

**[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  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

*Had to account for Holiday*

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:

*estimate came in at a great price, the service was quick and no mess was left behind*

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

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

# WNY PLUMBING

RECEIVED  
DEC 29 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 checked="" type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Courteous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input 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 checked="" type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Called 3-4 times until finally was able to schedule (OVER)  
+ the visit.

## 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  
 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  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other *The job was big, There was not enough time slots to finish in one day*

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 *NA*

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 phenomenal, knows exactly what he is doing. gave me good ideas to make the finish look better*

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.

*Very Satisfied with the work! Thank you!!*



RECEIVED  
DEC 30 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 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:

HAVE ALWAYS HAD EXCELLENT SERVICE FROM YOUR COMPANY. ALL  
 TECHNICIANS HAVE BEEN 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.

# WNY PLUMBING

RECEIVED

DEC. 0 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?

Far 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:

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

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

# WNY PLUMBING

RECEIVED  
DEC 31 2025  
JL

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

Very Far From Your Ideal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10	Matches Your Ideal
--------------------------	---	--------------------

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	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	Extremely Satisfied
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	

## 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

RECEIVED

DEC 31 2025

Mike

[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

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Same day I called  Two days after I called  
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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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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: (\_\_\_\_)

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