

WNY PLUMBING

RECEIVED
MAR 04 2023

Tyler

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 *Stroll Magazine / Neighbors*

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

We were very please with all aspects of your customer service. Thank you!



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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

- | | Very Poor | | | | | | | | Excellent | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|
| Overall | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input 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 |

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

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

OVERALL

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

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

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

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

7. Please rate the telephone representative on the following:

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

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

- Newspaper Friend Billboard
 Google Used us Before Logo on Truck
 Other (Natalie Blders)

OVERALL

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

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

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

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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)

WNY PLUMBING

RECEIVED

MAR 04 2026

WJ

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

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Handwritten initials

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

"Tyler" was extremely helpful and we appreciate a same day appointment since it was an emergency. Thank you!

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

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

WNY PLUMBING

RECEIVED
MAR 04 2023

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 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)

WNY PLUMBING

RECEIVED

MAR 06 2026

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

WNY PLUMBING

RECEIVED
MAR 12 2026

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)

WNY PLUMBING

RECEIVED
MAR 18 2013

ph

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?

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

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

7. Please rate the telephone representative on the following:

- 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)

WNY PLUMBING

RECEIVED
MAR 18 2025

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

OVERALL

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

7. Please rate the telephone representative on the following:

- | | 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)

tyler

WNY PLUMBING

RECEIVED
MAR 18 2023

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

WNY PLUMBING

RECEIVED
MAR 10 2026

Tyler

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)

WNY PLUMBING

Mike

RECEIVED
MAR 18 2013

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?

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

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

- Definitely Will Not Use Next Time 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
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 the product needed to be replaced or the technician determined the product is unrepairable
 Other _____

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Will use again!

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

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

WNY PLUMBING

RECEIVED

MAR 19 2026

Tyler

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

EXCELLENT SERVICE AT A REASONABLE PRICE!

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

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

Tyler

WNY PLUMBING

RECEIVED

MAR 23 2026

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)

Refer

WNY PLUMBING

RECEIVED
MAR 23 2026

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?

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

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

- Definitely Will Not Recommend 1 2 3 4 5 6 7 8 9 10 Definitely Will Recommend
- already have many*

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

WNY Plumbing I would like to my children at 9 Livingston and me at 100 Eue SE, our Plumber; We have recommended you to many to many!

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

MAR 23 2026

742

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

WNY PLUMBING

RECEIVED

MAR 30 2023

John

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor 1 2 3 4 5 6 7 8 9 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
 Same day I called Two days after I called Longer than three days after I called
 The day after I called Three days after I called
per my request was maintenance call
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: *wasn't a repair - was maint. call*
- | | | | | | | | | | | | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| | Very Poor | | Excellent | | | | | | | | |
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home? Yes (SKIP TO Q.16) No (CONTINUE)
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 Other _____

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

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| | Very Poor | | 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: *When Tyler ran the water in my kitchen sink to be sure I had not water, as an aside I asked how to get the filters out to clean. He took one out and then afterwards I had low water pressure in that one sink (faucet)*

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.

I should have called right away, but was afraid I'd have to pay for a whole other service call

WNY PLUMBING

RECEIVED
MAR 30 2016

fyler

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

OVERALL

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

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

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

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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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(OVER)

WNY PLUMBING

RECEIVED
MAR 3 2026

TH

www.wnyplumbing.com

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(OVER)

WNY PLUMBING

RECEIVED
MAR 30 2013

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WNY PLUMBING

RECEIVED
MAY 30 2008

Handwritten initials

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WNY PLUMBING

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fyler

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(OVER)

WNY PLUMBING

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fyler

www.wnyplumbing.com

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7. Please rate the telephone representative on the following:

- Very Poor Excellent *WELL INFORMED*
- 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
Very
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 *NO*
 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 *I JUST WANTED Done*
11. Generally, what time of day would you prefer service?
 Morning Afternoon Evening (after 5p.m.) No particular time
12. Were you contacted by phone to confirm the appointment? Yes No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | | | | | | | | | Excellent | | |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|----------------------------|--------------------------|
| Professionalism | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | <i>AGAIN VERY INFORMED</i> | |
| Knowledgeable | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | | |
| 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 HAD TO WAIT FOR PARTS FROM DELTA (SINCE JAN 13-2024) (NEW DATE IS 03/24/24)

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair? *NOT YOUR PROBLEM PARTS WERE DELAYED FROM SUPPLIER*
 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? *N/A*
 Extremely Dissatisfied 1 2 3 4 5 6 7 8 9 10 *NOT YOUR PROBLEM*
 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! *N/A NO COMPUTER*

Comments:

AS I STATED BEFORE I WILL CALL YOUR COMPANY FOR ANY PLUMBING PROBLEMS - THANK YOU

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

(KEEP THIS FOR FUTURE WORK)

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

WNY PLUMBING

RECEIVED
MAR 3 2026

Kevin

www.wnyplumbing.com

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(OVER)

Mike

WNY PLUMBING

RECEIVED
MAR 5 0 2008

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mla

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

N/A

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.

Mila

WNY PLUMBING

RECEIVED
MAR 30 2023

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

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

7. Please rate the telephone representative on the following:

- | | | | | | | | | | | |
|---------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|
| | 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)

WNY PLUMBING

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MAR 30 2023

mike

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Lancaster, NY 14086

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

OVERALL

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

Mike

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MAR 30 2013

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- Other

OVERALL

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

WNY PLUMBING

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MAR 30 2013

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OVERALL

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

WNY PLUMBING

RECEIVED
MAR 30 2026

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)

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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)

