

WNY PLUMBING

RECEIVED

AUG 03 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

WNY PLUMBING INSTALLED ORIGINAL WATER HEATER

21 YEARS AGO

OVERALL

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

Extremely
Dissatisfied

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

Extremely
Satisfied

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

Fell Far Below
Your Expectations

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

Far Exceeded
Your Expectations

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

Very Far From
Your Ideal

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

Matches
Your Ideal

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

Definitely Will Not
Use Next Time

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

Definitely Will
Use Next Time

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

Definitely Will Not
Recommend

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

Definitely Will
Recommend

7. Please rate the telephone representative on the following:

Very Poor

Excellent

Overall

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

Courteous

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

Knowledgeable

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

EXCELLENT TURNAROUND TIME TO GET AN APPOINTMENT. VERY PROFESSIONAL SERVICE. EXPLAINED THINGS WELL. ANSWERED ALL OUR QUESTIONS. MIKE -

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



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

OVERALL

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

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

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

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

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

- | | | | | | | | | | | | |
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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 | ☐ 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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QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Mike knows plumbing and was very personable.

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

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



RECEIVED
AUG 03 2026

lwin

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

WNY PLUMBING

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AUG 03 2026

Kevin

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor Excellent

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

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

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



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Kevin

www.wnyplumbing.com

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



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www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Very Happy with the service.

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

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



RECEIVED

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

WNY PLUMBING

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AUG 10 2026

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

*I've been customer
since 2021 Marjorie Weber
Always satisfied
Prices Competitive*

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor Excellent

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

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

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



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AUG 13 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
<i>many times</i> | ☐ 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 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | Excellent |
|---------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Overall | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Courteous | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Knowledgeable | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
☐ Same day I called ☐ Two days after I called ☒ Longer than three days after I called
☐ The day after I called ☐ Three days after I called
But that is what I requested.
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 *About 30 minutes before arriving*

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | Excellent |
|----------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Trustworthiness | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Standing Behind Their Work | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
- ☐ Please check this box if you will also use an online rating service, Thank you!
- Very reasonable & fair*

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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AUG 13 2026

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
☐ Same day I called ☐ Two days after I called ☐ Longer than three days after I called
☐ The day after I called ☐ Three days after I called *I don't recall*
10. Generally, on which one day of the week would you prefer service?
☐ Sun. ☒ Mon. ☒ Tues. ☒ Wed. ☒ Thurs. ☒ Fri. ☒ Sat. ☐ No particular day
11. Generally, what time of day would you prefer service?
☒ Morning ☒ Afternoon ☐ Evening (after 5p.m.) ☐ No particular time
12. Were you contacted by phone to confirm the appointment? ☐ Yes ☐ No

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| Professionalism | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | |
| Knowledgeable | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | |
| Explanation of Repair | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | 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 *I had a replacement part (Grohe cartridge) but it was the wrong one. I had to request another from Grohe.*
- 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 *don't recall*
- 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 *re WNY Plumbing*

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Trustworthiness | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Standing Behind Their Work | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
- ☐ 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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www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



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www.wnyplumbing.com

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Very pleased and satisfied with service and technician

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

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

WNY PLUMBING

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AUG 20 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 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 |
| Courteous | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 |
| Knowledgeable | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 |

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

THANK YOU GOOD SVC FOR

- 14221

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

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



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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

VERY HAPPY WITH THE WORK

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

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

WNY PLUMBING

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AUG 20 2026

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

Swan

Sole

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 *Mr. David Blum (boulder)*

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

Extremely Dissatisfied	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☒ 10	Extremely Satisfied
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QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Excellent → Work.

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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TJL

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



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AUG 20 2026

www.wnyplumbing.com

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



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fyler

www.wnyplumbing.com

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Lancaster, NY 14086

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent | |
|-----------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Knowledgeable | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Explanation of Repair | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | Did Not Explain ☐ |
- 14a. Did we complete the repair on our first trip to your home? ☒ Yes (SKIP TO Q.16) ☐ No (CONTINUE)
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16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Michael + Shan, Shank - Friday

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

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



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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | Excellent |
|-----------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Knowledgeable | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Explanation of Repair | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | Did Not Explain ☐ |
- 14a. Did we complete the repair on our first trip to your home? ☒ Yes (SKIP TO Q.16) ☐ No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
☐ a part had to be ordered
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- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
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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 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | Excellent |
|----------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Trustworthiness | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Standing Behind Their Work | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
- ☒ Please check this box if you will also use an online rating service, Thank you!

Comments:

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

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



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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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10	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?
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12. Were you contacted by phone to confirm the appointment? ☒ Yes ☐ No

QUESTIONS ABOUT THE REPAIR ITSELF

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

Comments:

Tyler - Very neat when working cleaned up everything very nice work Not Sloppy at all Everything cleaned up when finished very satisfied

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
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QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent | |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| Professionalism | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | |
| Knowledgeable | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | |
| Explanation of Repair | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | 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 (I ordered it)

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Will definitely use you again! - Neussa Ostrowski

If you would like us to call you, please fill in your telephone number: (~~516~~) _____

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



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Kwin

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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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
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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
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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
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7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Thank you for your excellent work

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

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



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www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

TYLER DID GREAT JOB installing Back up sump pump. Knowledgeable, polite, EASY TO TALK TO. Solid work from START TO FINISH.

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

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



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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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



RECEIVED

AUG 31 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☒ 10	
Courteous	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☒ 10	
Knowledgeable	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☒ 10	

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent | |
|-----------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Knowledgeable | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | |
| Explanation of Repair | | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☒ 10 | Did Not Explain ☐ |
- 14a. Did we complete the repair on our first trip to your home? ☒ Yes (SKIP TO Q.16) ☐ No (CONTINUE)
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- 15b. If a part had to be ordered, did we keep you informed about status? ☐ Yes ☐ No ☐ Not applicable

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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RECEIVED
AUG 31 2026

mike

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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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

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

QUESTIONS ABOUT THE REPAIR ITSELF

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

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