

WNY PLUMBING

196
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SEP 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 | | |

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 | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | |
| 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 | Excellent |
|----------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Trustworthiness | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| Standing Behind Their Work | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
- ☐ Please check this box if you will also use an online rating service, Thank you!

Comments:

Tech was professional and knowledgeable about other services. Didn't feel pressured to buy. I appreciate it.

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.

Kevin



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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:

KEVIN WAS EXCELLENT. HE KNEW WHAT HE NEEDED AND EXPLAINED THE INSTALLATION - GREAT JOB

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

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



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Kwin

www.wnyplumbing.com

4425 Walden Avenue
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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 | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | |
| 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:

WNY Plumbing is the only plumber we use. Thank you.

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following: *not applicable*

- | | 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 | 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) *Kevin is outstanding! Very professional, knowledgeable and courteous.*
- 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 would like to reroute the outside piping so it is hidden. I contacted Kevin and he will schedule to reroute the pipe.*
- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?
☐ Same Day ☐ 1-3 days ☐ 4-6 days ☐ 7-8 days ☐ More than 8 days ☐ Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status? ☐ Yes ☐ No ☒ Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?
 Extremely Dissatisfied ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 Extremely Satisfied

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

WNY PLUMBING

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SEP 04 2026

Mike

www.wnyplumbing.com

4425 Walden Avenue
Lancaster, NY 14086

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

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

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

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

	Very Poor										Excellent
Overall	☐ 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.

tyler



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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 ☒ SCHEDULED FOR MY CONVENIENCE
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:

WE HAVE HAD THE BEST SERVICE FROM YOUR COMPANY. YOUR PLUMBERS KNOW WHAT THEY'RE DOING + FIX THINGS CORRECTLY. THEY DON'T LIE TO YOU ABOUT YOUR

If you would like us to call you, please fill in your telephone number: () PROBLEM + ATTEMPT TO SELL MORE
 THANK YOU FOR YOUR HELP! Please return this questionnaire in the postage-paid envelope provided. THINGS TO

you.



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T-10x

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 | ☒ 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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☐ the technician could not fix or determine the problem and needed assistance
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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!

Comments:

Very pleased w/wny plumbing. Tyler does excellent work and is very friendly. Thanks!

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 | 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.



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

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

TYLER DID A GREAT JOB. HE WAS VERY HELPFUL

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OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

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

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate 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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☐ 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:

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- ☐ Newspaper ☐ Friend ☐ Billboard
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☐ Other

OVERALL

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

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

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

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

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

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

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

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

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

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

QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- | | Very Poor | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☐ 10 | Excellent |
|------------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------|
| Professionalism | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 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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- 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 | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Standing Behind Their Work | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

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

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| ☐ Newspaper | ☐ Friend | ☐ Billboard |
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| ☐ Other | | |

OVERALL

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

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

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

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

7. Please rate the telephone representative on the following:

	Very Poor									Excellent
Overall	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☒ 10
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(OVER)

QUESTIONS ABOUT SCHEDULING

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

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|-----------------------------------|---|-----------|
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| Standing Behind Their Work | ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 | |
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RECEIVED

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Mike

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☐ Google ☐ Used us Before ☐ Logo on Truck
☒ Other

OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

- Very Poor Excellent
- Overall ☐ 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.



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

QUESTIONS ABOUT THE REPAIR ITSELF

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

Mike was amazing! So knowledgeable and helpful.

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

	Very Poor										Excellent
Overall	☐ 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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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:

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Kevin

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

- Very Poor Excellent
- Overall ☐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:

EMPLOYEE WAS POLITE, COURTEOUS, !!

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?
 Very Poor ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)
☒ 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
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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)
- 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

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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

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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?

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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)
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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 | | ☐ 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:

Mike did a great job; we were very pleased.

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

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

pike
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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 | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | |
| 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.



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

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
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☐ the product needed to be replaced or the technician determined the product is unrepairable
☐ Other _____

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

QUESTIONS ABOUT WNY PLUMBING CO.

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

The service work was done in an very fast time. Mike Mc Donough did an excellent job.

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

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



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

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:

SERVICE REP TYLER WAS GREAT

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

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



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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
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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
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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!

Comments:

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

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

WNY PLUMBING

RECEIVED
SEP 30 2020

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:

Great job! Will definitely use again.

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

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

WNY PLUMBING

RECEIVED

SEP 30 2026

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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)
☐ 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.

Mike



RECEIVED
SEP 30 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
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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)
- 14b. If no, was it because? ("X" ALL THAT APPLY)
☐ a part had to be ordered
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- 15b. If a part had to be ordered, did we keep you informed about status? ☐ Yes ☐ No ☐ Not applicable

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

QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- | | Very Poor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Excellent |
|----------------------------|-----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| Trustworthiness | | ☐ 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:

Technicians are very Knowledgeable, friendly and give really good advice. Really impressed with this company.

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

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