

Pat

# WNY PLUMBING

RECEIVED  
MAR 05 2024

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

*I can't imagine calling any other Plumbing Co for service. Its timely - Efficient & reasonably priced*

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

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

*I need Bathroom Repairs in the future!*

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## OVERALL

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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

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## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                       | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            |  | Excellent                                |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|--|
| Professionalism       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Knowledgeable         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |  |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | Did Not Explain <input type="checkbox"/> |
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## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

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## OVERALL

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?  
**Very Poor**     1    2    3    4    5    6    7    8    9    10    **Excellent**
9. What day was your service scheduled for? ("X" ALL THAT APPLY)  
 Same day I called     Two days after I called     Longer than three days after I called  
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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:
- |                              |                            |                            |                            |                            |                            |                            |                            |                            |                            |  |                        |                          |  |
|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|------------------------|--------------------------|--|
|                              | <b>Very Poor</b>           |                            |                            |                            |                            |                            |                            |                            |                            |  |                        | <b>Excellent</b>         |  |
| <b>Professionalism</b>       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                        |                          |  |
| <b>Knowledgeable</b>         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                        |                          |  |
| <b>Explanation of Repair</b> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | <b>Did Not Explain</b> | <input type="checkbox"/> |  |
- 14a. Did we complete the repair on our first trip to your home?    Yes (SKIP TO Q.16)    No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)  
 a part had to be ordered  
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16. How satisfied or dissatisfied were you with the time needed to complete the repair?  
**Extremely Dissatisfied**     1    2    3    4    5    6    7    8    9    10    **Extremely Satisfied**

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

*Tyler is an outstanding respectful individual. Answered all questions. Felt comfortable with his knowledge. Hard to find individuals like Tyler. Thanks for your help.*

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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7. Please rate the telephone representative on the following:

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

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- |                       |   |                 |                          |
|-----------------------|---|-----------------|--------------------------|
|                       | Very Poor   |                 | Excellent                |
| Professionalism       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |                 |                          |
| Knowledgeable         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |                 |                          |
| Explanation of Repair | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 | Did Not Explain | <input type="checkbox"/> |
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|----------------------------|---|--|-----------|
|                            | Very Poor   |  | Excellent |
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| Standing Behind Their Work | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |  |           |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

\_\_\_\_\_

\_\_\_\_\_

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

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



Mike

# WNY PLUMBING

RECEIVED

MAR 07 2024

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
- COST IS HIGH*

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
- COST IS HIGH*

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? Excellent
- Very Poor  1  2  3  4  5  6  7  8  9  10
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
- WAIT TIME WAS FOR MIKE - NOT AN ISSUE. I WAS AWARE OF IT.*  
*FIX THE ISSUE*

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

*YOUR PRICE IS THE ONLY ISSUE. MIKE IS OUTSTANDING. THIS RETAIL COST OF A RINNAI TANK \$2200. MY FINAL TAB WAS \$9306. THAT IS OUT OF MARGIN!!*

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.

Pat

RECEIVED  
MAR 07 2024

# WNY PLUMBING

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## 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:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

17. Please rate Western New York Plumbing on the following:
- |                            | Very Poor                  |                            |                            |                            |                            |                            |                            |                            |                            |  | Excellent |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|-----------|
| Trustworthiness            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |
| Standing Behind Their Work | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |           |

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

Comments:

Pat was very respectful by moving my junk in the basement so carefully and such a great to explain problem

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.

pat

# WNY PLUMBING

RECEIVED

MAR 12 2024

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:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

23 Years of Service and Still Counting!  
 Thank you!

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

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

# WNY PLUMBING

RECEIVED

MAR 7 8 2024

Mita  
Note!  
MAS

www.wnyplumbing.com

4425 Walden Avenue  
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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    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                  |                            |                            |                            |                            |                            |                            |                            |                                       |                             | Excellent       |                          |
|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------------|-----------------------------|-----------------|--------------------------|
| Professionalism       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |                 |                          |
| Knowledgeable         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 |                 |                          |
| Explanation of Repair | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 10 | Did Not Explain | <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home?    Yes (SKIP TO Q.16)    No (CONTINUE)
- 14b. If no, was it because? ("**X**" ALL THAT APPLY)  
 a part had to be ordered    *tech didn't have part w/ him*  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Thank You!

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

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



# WNY PLUMBING

RECEIVED  
MAR 18 2024

Pat  
NICE!  
MM

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 *Kitchen place*

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

8. Overall, how would you rate us on scheduling this repair service at your convenience?  
Very Poor  1  2  3  4  5  6  7  8  9  10 Excellent
9. What day was your service scheduled for? ("X" ALL THAT APPLY)  
 Same day I called  Two days after I called  Longer than three days after I called  
 The day after I called  Three days after I called *my choice*
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       |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Knowledgeable         |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Explanation of Repair |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Did Not Explain <input type="checkbox"/> |
- 14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE)
- 14b. If no, was it because? ("X" ALL THAT APPLY)  
 a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
 the product failed again shortly after the first visit  
 the product needed to be replaced or the technician determined the product is unrepairable  
 Other \_\_\_\_\_

- 15a. If a part had to be ordered, how many days did it take to get the part and complete the repair?  
 Same Day  1-3 days  4-6 days  7-8 days  More than 8 days  Part still on order
- 15b. If a part had to be ordered, did we keep you informed about status?  Yes  No  Not applicable
16. How satisfied or dissatisfied were you with the time needed to complete the repair?  
Extremely Dissatisfied  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            |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Standing Behind Their Work |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

*Patrick/Don are great!*

If you would like us to call you, please fill in your telephone number: *(716) 7*

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

# WNY PLUMBING

RECEIVED

MAR 18 2024

Yaf  
STAN  
SERVICE

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    Extremly Satisfied

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

*Very Satisfied As Usual*

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

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

# WNY PLUMBING

RECEIVED  
MAR 18 2024

Tyler  
Nice!  
Dad

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

# WNY PLUMBING

RECEIVED  
MAR 19 2024

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

Mike was excellent!

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

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



Mike

# WNY PLUMBING

RECEIVED

MAR 19 2024

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

Comments:

Excellent in every way. Very satisfied. Will use again & refer.

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.

pat

# WNY PLUMBING

RECEIVED

MAR 19 2024

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

VERY SATISFIED WITH 2 REPAIR JOBS USING WNY PLUMBING.

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.

Pat

# WNY PLUMBING

RECEIVED  
MAR 19 2024

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

*Tech. was wonderful!*

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

Mike

RECEIVED

MAR 20 2024

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Lancaster, NY 14086

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

- |               | Very Poor                |                          |                          |                          |                          |                          |                          |                          |                          | Excellent                           |
|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Overall       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Courteous     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Knowledgeable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

*Technician was very 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.



## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

If you would like us to call you, please fill in your telephone number: (716) \_\_\_\_\_

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

Pat

# WNY PLUMBING

RECEIVED

MAR 28 2024

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 *my children had you before*

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

Tyler

# WNY PLUMBING

RECEIVED  
MAR 20 2024

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:
- |                              |  |  |                          |                        |
|------------------------------|--|--|--------------------------|------------------------|
|                              | <b>Very Poor</b>   |  | <b>Excellent</b>         |                        |
| <b>Professionalism</b>       | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                          |                        |
| <b>Knowledgeable</b>         | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                          |                        |
| <b>Explanation of Repair</b> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> | <b>Did Not Explain</b> |
- 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:
- |                                   |  |  |                  |
|-----------------------------------|--|--|------------------|
|                                   | <b>Very Poor</b>   |  | <b>Excellent</b> |
| <b>Trustworthiness</b>            | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |                  |
| <b>Standing Behind Their Work</b> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | <input type="checkbox"/> 10            |                  |
- Please check this box if you will also use an online rating service, Thank you!

Comments:

\_\_\_\_\_

\_\_\_\_\_

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

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

# WNY PLUMBING

RECEIVED  
MAR 25 2024

Mice

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 *BUILT HOUSE WITH MANNANO*

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

MIKE DID AN AWESOME JOB! GREAT SENSE OF HUMOR AS WELL

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

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

Tyler

# WNY PLUMBING

RECEIVED

MAR 25 2024

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:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments: *Always happy with the level of service + professionalism from W.N.Y. Plumbing. Thanks Dan!*

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.



pat

# WNY PLUMBING

RECEIVED

MAR 25 2024

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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---

If you would like us to call you, please fill in your telephone number: (716) \_\_\_\_\_

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

# WNY PLUMBING

RECEIVED  
MAR 25 2024

*Pat*

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

## QUESTIONS ABOUT THE REPAIR ITSELF

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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

Jeffrey Stott

1 Cherry field

Lanc

RECEIVED

MAR 25 2024

# WNY PLUMBING

www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Comments:

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

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