



RECEIVED  
MAR 05 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 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  
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10. Generally, on which one day of the week would you prefer service?

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

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

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

a part had to be ordered  
 the technician could not fix or determine the problem and needed assistance  
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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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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

Comments:

*I can't imagine calling any other Plumbing Co for service. It's 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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Standing Behind Their Work  1  2  3  4  5  6  7  8  9  10

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

Comments:

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Professionalism  1  2  3  4  5  6  7  8  9  10

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Explanation of Repair  1  2  3  4  5  6  7  8  9  10

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Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*Tyler 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.

# WNY PLUMBING

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Mike

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## OVERALL

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

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

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Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

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*COST IS HIGH*

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Overall       1       2       3       4       5       6       7       8       9       10  
Courteous       1       2       3       4       5       6       7       8       9       10  
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WHAT TIME WAS FOR MIKE -  
 NOT AN ISSUE. I WAS  
 AWAKE OR IT.

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FIX THE ISSUE

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



Yes  No

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Very Poor

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

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

MIKE, WAS RATED  
 HIGH ON  
 WEBSITES!

Did Not  
 Explain

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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. THE REPAIR  
 COST OF A RIANAI TANK \$2200.00 MY BURN TAB WAS \$7300.00 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.

# WNY PLUMBING

RECEIVED  
MAR 07 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  
 The day after I called

Two days after I called  
 Three days after I called

Longer than three days after I called

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

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

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

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

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

Yes  No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not  
Explain

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*Pat was very respectful by moving my junk in the basement so carefully and succinct 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.

# WNY PLUMBING

RECEIVED

MAR 12 2024

Pat

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

4425 Walden Avenue  
Lancaster, NY 14086

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

## OVERALL

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

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

Extremely Satisfied

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

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

Far Exceeded Your Expectations

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

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

Matches Your Ideal

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

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

Definitely Will Use Next Time

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

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

Definitely Will Recommend

7. Please rate the telephone representative on the following:

Very Poor

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

Excellent

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

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

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

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

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

Yes  No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

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

Comments:

23 Years of Service and Still Counting!

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

www.wnyplumbing.com

Mita  
MAY 1  
2024

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

Extremely Dissatisfied  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  
 The day after I called

Two days after I called  
 Three days after I called

Longer than three days after I called

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Professionalism

1  2  3  4  5  6  7  8  9  10

Excellent

Knowledgeable

1  2  3  4  5  6  7  8  9  10

Explanation of Repair

1  2  3  4  5  6  7  8  9  10

Did Not Explain

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

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

a part had to be ordered *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

Trustworthiness

1  2  3  4  5  6  7  8  9  10

Excellent

Standing Behind  
Their Work

1  2  3  4  5  6  7  8  9  10

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

Comments:

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

4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other      *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  
 The day after I called  Three days after I called

Longer than 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  10 Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*Patrick/Don are great!*

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 18 2024

Yat  
Star  
Service

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

4425 Walden Avenue  
Lancaster, NY 14086

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## 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	X 10	Excellent
Professionalism	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Knowledgeable	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Explanation of Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>										

Did Not Explain

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

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

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

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	X 10	Excellent
Trustworthiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Standing Behind Their Work	<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,  
DA

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

4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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	
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:

---



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

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# WNY PLUMBING

RECEIVED

MAR 19 2024

Mike  
www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

## OVERALL

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

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

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

a part had to be ordered  
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Extremely Dissatisfied  1  2  3  4  5  6  7  8  9  10 Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

Mike was excellent!

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

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# 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)

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

## OVERALL

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

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

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

Yes  No

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

Did Not Explain

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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

Comments:

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.



RECEIVED

MAR 19 2024

Pat

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

4425 Walden Avenue  
Lancaster, NY 14086

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 Google       Used us Before       Logo on Truck  
 Other

**OVERALL**

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

	Very Poor					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)

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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)

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

	Very Poor	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:

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.

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<input type="checkbox"/> Other		

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

Excellent

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

Same day I called  Two days after I called  
 The day after I called  Three days after I called

Longer than three days after I called

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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

RECEIVED

MAR 20 2024

Mike  
www.wnyplumbing.com

4425 Walden Avenue  
Lancaster, NY 14086

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

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

Newspaper       Friend       Billboard  
 Google       Used us Before       Logo on Truck  
 Other

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor

Excellent

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

	Very Poor	Excellent
Professionalism	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input 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  
 The day after I called  Three days after I called

Longer than three days after I called

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

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

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

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

He did not explain

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

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

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

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

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

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

# WNY PLUMBING

RECEIVED

MAR 20 2024

Pa<sup>x</sup>  
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)

# WNY PLUMBING

RECEIVED  
MAR 20 2024  
tyler

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

4425 Walden Avenue  
Lancaster, NY 14086

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

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

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

## OVERALL

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

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

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

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

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

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

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

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

Extremely Dissatisfied	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10	Extremely Satisfied
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## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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

Comments:

---



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

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

# WNY PLUMBING

RECEIVED

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      *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  
 The day after I called  Three days after I called  Longer than three days after I called

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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

Comments:

*Mike 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.



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  
 The day after I called  Three days after I called

Longer than 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 #.*

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

14a. Did we complete the repair on our first trip to your home?  Yes (SKIP TO Q.16)  No (CONTINUE) *Washy 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  1  2  3  4  5  6  7  8  9  10

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

*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: (\_\_\_\_) \_\_\_\_\_

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

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

**OVERALL**

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

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

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

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

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

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

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

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

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

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

7. Please rate the telephone representative on the following:

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

(OVER)

## QUESTIONS ABOUT SCHEDULING

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

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

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

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

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

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

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

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

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

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

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

Comments:

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

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

# WNY PLUMBING

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MAR 25 2024

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 Other

## OVERALL

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

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

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

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

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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  
 The day after I called

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

Very Poor

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not  
Explain

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

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

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

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

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

Extremely  
Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

Very Poor

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

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

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

Victor Stott

1 Cherryfield Lane

Pat

# WNY PLUMBING

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## OVERALL

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

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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

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

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

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

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

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

7. Please rate the telephone representative on the following:

Very Poor

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  
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Longer than three days after I called

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

## QUESTIONS ABOUT THE REPAIR ITSELF

13. Please rate the service technician on the following:

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

Excellent

Professionalism  1  2  3  4  5  6  7  8  9  10

Knowledgeable  1  2  3  4  5  6  7  8  9  10

Explanation of Repair  1  2  3  4  5  6  7  8  9  10

Did Not Explain

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

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

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

Extremely Satisfied

## QUESTIONS ABOUT WNY PLUMBING CO.

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

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

Excellent

Trustworthiness  1  2  3  4  5  6  7  8  9  10

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

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

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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