

How Did We Do?

We Care!

	Excellent	Good	Fair	Poor
Timely manner of service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of work done.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technician's neatness/cleanliness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of technician.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of office personnel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where did you hear about us? _____

Would you call our company again? Yes No

May we use you as a reference? Yes No

General comments: (problems/praises) we want to know: _____

Referrals - Please list names and phone numbers of anyone who may be interested in our services. _____

Customer name/address

Name

Address

City

State/zip

Technician/crew:



Heating • Air Conditioning • Plumbing

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