

# Customer Service Report

- yes     no    Was our office staff helpful and courteous?
- yes     no    Were we on-time to your appointment?
- yes     no    Did you see the red carpet?
- yes     no    Was our technician neat, clean & courteous?
- yes     no    Does anyone in your home suffer from allergies?
- yes     no    Do you have to dust often?
- yes     no    Do you ever have a damp/musty odor in your home?
- yes     no    Would you like to receive a discount on today's call? (ask Technician)  
*No charge for today*

Which rooms in the house are the least comfortable?

*All are comfortable*

Is system noise objectionable?

*No*

What is your typical electric bill?

Summer ? Winter ?

What is your typical gas/oil bill?

Summer ? Winter ?

*Do not  
keep check  
on these.*

What do you **NOT** like about your present heating and cooling system?

*There is nothing that I do not like.*

Additional comments:

*We are really pleased with our heating  
and air.*

Please rate our service on a scale of 1 – 10 with 10 being the highest:

1    2    3    4    5    6    7    8    9    10

Email Address: \_\_\_\_\_

Name D.

Stewart

Address \_\_\_\_\_

Murfreesville 42765

Phone \_\_\_\_\_

*Marcus*

Date: 7-1-2014