CUSTOMER FEEDBACK FORM

Thank you for your business! Please take a few minutes to answer some questions about your experience today. We're always eager to improve and this feedback will guide us in our mission to provide exceptional services and unbeatable customer satisfaction. Please return this to your technician before he leaves.

Thank You!

Why did you select Our Company today?	
Would you recommend Our Company to others? Why?	
How did you hear about us?	
Rate your experience with us, 1 being "very poor", 10 being "exceptional"	**1 2 3 4 5 6 7 8 9 10**

Additional Comments, Questions, or Concerns	

May we contact you with service reminders or promotional offers? If so, please provide your preferred method of contact below.

☐ **YES, please contact me**

☐ **NO, don't contact me**

Phone Number: _____

Email: _____

Address: _____

Do any of the following apply to your household or equipment? Please check all boxes that apply.

- ☐ Noise
- ☐ Dry air
- ☐ Muggy air
- ☐ Dusty
- ☐ Drafty
- ☐ Backdrafting (fireplace)
- ☐ Uncomfortable rooms
- ☐ Intermittent CO alarms
- ☐ Foggy windows or mirrors
- ☐ Stuffy air
- ☐ AC/Heater cycling too fast
- ☐ Window condensation
- ☐ Hotter on second floor
- ☐ Diffuser Streak
- ☐ Pets
- ☐ Water damage or leakage
- ☐ Lingering allergies or asthma
- ☐ Odors from ducts
- ☐ Mold or mildew
- ☐ Musty air
- ☐ High utility bills
- ☐ Frequent repairs
- ☐ AGR/Old Equipment
- ☐ Other _____

May we place a yard sign on your property at the conclusion of this service call? ☐ **YES** ☐ **NO**

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