



## Services Questionnaire

At your earliest convenience, please take a moment to fill out this brief questionnaire and return to us in the enclosed envelope. We appreciate you taking a few minutes to help us serve you better. Thank you!

|          |  |                    |             |
|----------|--|--------------------|-------------|
| Name:    |  | Phone Number:      | (    )    - |
| Address: |  | Best Time to Call: |             |

Please use the 5 Point System to rate the following questions.

**5 Points = EXCELLENT & 1 Point = POOR.**

|   |   |                      |
|---|---|----------------------|
| <b>Quality of Work:</b>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Additional Comments: |
| Did the quality of work involved meet your expectations?                | 1   2   3   4   5   |                      |
| <b>Completion of Work:</b>  | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Additional Comments: |
| Was the work completed in a timely manner & reasonable fashion?         | 1   2   3   4   5   |                      |
| <b>Project:</b>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Additional Comments: |
| Did the scope of your project completed meet your project expectations? | 1   2   3   4   5   |                      |
| <b>Communication:</b>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Additional Comments: |
| How was the overall communication from NE Contracting?                  | 1   2   3   4   5   |                      |
| <b>Professionalism:</b>   | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | Additional Comments: |
| Overall, how was NE Contracting's level of professionalism?             | 1   2   3   4   5   |                      |

**Please tell us how you heard of us:**

|                       |         |          |       |        |
|-----------------------|---------|----------|-------|--------|
| Friend: If yes, who?* | Website | Facebook | Radio | OTHER: |
| _____                 | _____   | _____    | _____ | _____  |

\*If you were referred by a friend, we would like to thank them.

**Do you know of anybody that would like to hear about us? If so, please provide their name & contact info.**

|       |               |
|-------|---------------|
| Name: | Contact Info: |
| _____ | _____         |

Please continue onto the back if you have more than one.

