OHIO LICENSE #12059

201 WEST MAIN STREET
CIRCLEVILLE, OHIO 43113

NAME:	DATE:
PHONE #	
ADDRESS :	
WORK ORDER/INVOICE:	

For each item identified below, circle the number
to the right that best fits your judgment of its quality.
Use the scale above to select the quality number.

Description/Identification of Survey Item	Scale				
	Poor	Good			Excellent
1. WORK PERFORMANCE	1	2	3	4	5
2. HOW WELL DID WE COMMUNICATE?	1	2	3	4	5
3. HOW WELL DID WE CLEAN UP OUR MESS?	1	2	3	4	5
4. OUR PROFESSIONALISM	1	2	3	4	5
5. OUR PRICES	1	2	3	4	5
6. FRIENDLINESS	1	2	3	4	5
7. DID WE ANSWER ALL YOUR QUESTIONS?	1	2	3	4	5
8. WOULD YOU USE US AGAIN?	1	2	3	4	5
9. WOULD YOU REFER US TO YOUR FRIENDS?	1	2	3	4	5

WHERE YOU OFFERED A SERVICE PLAN? YES OR NO
IF NO CAN WE CONTACT YOU WITH THIS SPECIAL OFFER? YES OR NO

ADDITIONAL COMMENTS PLEASE:

ELECTRICIAN: