

PLEASE HELP US IMPROVE SIR Inc. CUSTOMER SERVICE SURVEY FORM

Your First name: Thomas

Date of service: _____ City and State: Alpharetta, Ga.

| | Excellent | Good | Fair | Poor |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Office staff was courteous and helpful. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff provided complete, accurate information for you. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A timely response was provided. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Our construction team was professional and courteous. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Our construction team made you feel safe and were clean. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My overall experience with SIR Inc. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate the name(s) of any staff or worker you would like to commend:

If you feel we fell short in meeting your service expectations, please describe the situation, including the name of the person involved and the date of the incident occurred:

As a result of your experience with us, what service-related improvement can you recommend?

We thank you for your time; please kindly mail back this form or fax back to **678-866-2524**