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Eric R. Lawrence
Executive Director

HOW ARE WE DOING?

Please take some time to inform us of your experience.
We do value your opinion and want to know how we can improve.

Provide as much information as possible and THANK YOU!

Date: _____ Time: _____ Customer Service Rep/Service Technician: _____

How did you contact us:

- _____ In Person
- _____ Telephone
- _____ Mail
- _____ Fax
- _____ Email

Reason for visit:

- _____ Pay Bill
- _____ Payment Issue (NSF Check, Missing Payment, etc...)
- _____ Start/Stop Service
- _____ Leak on Property
- _____ Financial Agreement
- _____ Account Inquiry
- _____ Other: (please specify) _____

Please rate the following characteristics of the customer service representative on a scale from 1 to 5, where 1 means poor service and 5 means excellent service.

	1	2	3	4	5	6
	Poor	Fair	Good	Very Good	Excellent	N/A
Courteousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency/quickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete transaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Details of issue: _____

Was the issue resolved? YES NO

Additional Comments: _____

Customer Name: _____
Service Address: _____

Telephone #: _____
Account #: _____