

## **TENANT SURVEY**

## TO THE RESIDENTS OF:

First Name:						
Last Name:						
E-mail:						
Address:						
City:		Province:		Postal Code:		
	ir expectations of cover the following qu	our products and serv	think. Our customers a			
1. Overall Quality?						
O Poor	C Fair	Good	( Very Good	Excellent		
2. Overall appearan	ice of Windows/Doc	ors?				
O Poor	C Fair	Good	O Very Good	Excellent		
3. Overall operation	n of Windows/Doors					
O Poor	C Fair	O Good	O Very Good	Excellent		

## **OUR SERVICE**

1. Were installers polite	e and courteous?							
C Poor	C Fair	Good	Very Good	Excellent				
2. Did installers show up when scheduled?								
C Poor	Fair	Good	Very Good	Excellent				
3. Did installers leave p	oremises clean?							
C Poor	C Fair	○ Good	Very Good	Excellent				
General Comments an	d/or Deficiencies:							
	Thank you for taking	the time to fill out ou	r tenant survey form.					

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