

## **CUSTOMER SURVEY QUESTIONNAIRE**

Phone: 206.372.3838 UTC#: THG069611 DOT#: 3384228 info@soundmovingnw.com

COMPANY, d/b/a, THG-000000, TV-000000 provides household goods moving services under a permit granted by the Utilities and Transportation Commission (UTC). As a condition of this carrier's permit authority, it must provide its customers with an opportunity to comment to us about the quality of services you received. We will use this information as we evaluate the mover's ability to prove that it provides quality service to the citizens of our state. Please complete the following questionnaire and mail to **Washington Utilities and Transportation Commission**, **Attn: Transportation Safety, PO Box 47250**, **Olympia, WA 98504-7250**. If you have questions, or have a complaint about the service you received from this mover, please feel free to contact us at (360) 664-1222. Thank you for helping regulate the customer service provided by this industry.

Your name Your address				Your phone number		
Moved from Moved to				Bill of lading number Date you mov	Date you moved	
ESTIMATES	Y	'es	No	QUALITY OF SERVICE:	Yes	No
Were you provided with a written estimate?				Were mover's staff (office/sales) courteous and professional?		
Was the estimate clear and understandable?				Did the moving crew arrive at your residence on time?		
Did the mover fully explain any areas you question	ned?			Was the moving crew courteous and professional?		
Did the final cost exceed the estimated cost?  If so, by how much?				Was the moving crew responsive to your wishes/directions?		
INFORMATION TO SHIPPERS:				If any problems occurred, were they brought to your attention so that you had a choice in how to resolve them?		
Did the mover give you written information about yrights and responsibilities as a moving customer pat the beginning of your move?	our rior to or			Were you satisfied with the manner in which your goods were handled?		
Did the mover explain its limited liability for loss ar damage?	nd			Did the movers have all necessary equipment (dollies, pads, packing materials, etc.) available to complete your move?		
Did the mover explain how you could obtain highe limits by paying additional fees?	r liability			Did the movers complete their duties in a reasonable time?		
LOSS AND DAMAGE:				Did the mover's truck(s) appear to be in good repair and suitable for transporting your household goods?		
Did the mover damage your goods or residence?				OVERALL COMMENTS:		
If yes, were you given information on how to file a	claim?			Were you satisfied with the overall service provided?		
Were your questions on loss and damage answer	ed fully?			Would you use this company again on future moves?		
Did you file a claim for loss or damage?				Would you recommend this company to others?		
Was the claim resolved to your satisfaction?						
Please feel free to add comments regarding your non the back, seal with a piece of tape and mail to t				lditional sheets as necessary). Then fold this document along the dotte nk you!	d lines s	shown
Comments:						