SERVICE RATING FORM

Your voice counts! Complete this short form to make a difference.

Note: Please rate each service attribute by marking an 'X' in the box that best represents your experience.

| Service Attributes | Excellent | Good | Fair | Poor |
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| What did you like most about your experience? | | | | |
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| What can we improve? | | | | |
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| Would you recommend us to others? | | | | |
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| Additional comments or suggestions: | | | | |
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