SURVEY NO	
LOCATION	



DATE	 
SURVEYOR(S)_	 

Customer Satisfaction 4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree, N/A = Does not apply	4	3	2	1	N/A		
1. Overall, I am satisfied with this facility.							
2. The staff members treated me with courtesy and respect.							
3. Employees communicated information clearly.							
4. Customer type	O Commercial O Residential			sidential			
5. Are the hours of operation convenient for you? (7am – 4pm)	O Yes			O No			
6. Your Zip Code							
7. How often do you come to the Facility? O Weekly O Once a O First visit O 1 - 4 times a year	month  5 - 10 tim			once a mo	nth		
<ul><li>8. Reason for visit (check all that apply) O Dispose of household trash</li><li>O Dispose of construction/demolition debris O Dispose of yard</li></ul>			y composi of applian		products		
9. Select all materials that were recycled.  O Plastics O Aluminum O Metals O Paper O Cardboard O None O Other							
11. Do you use our website; www.WipeOutWaste.com?					O No		
12. Have you thrown away a Mattress or Box Spring in the past 12 Months?					O No		
13. Are you aware that plastic bags cannot be placed with regular recycling?					O No		
14. Did you buy compost or mulch products?					O No		
15. Why did you use this location, rather than curbside collection at you	r home? O	Do not h	ave curbs	side collec	tion		
O Did not want to wait O I just like coming to the dump O Other							
16. Please provide any other comments you may have about this f							



Please note any other comments you may have about this full service center.



Rising Solutions, PLLC