



CUSTOMER SURVEY QUESTIONNAIRE



TC 070336

4/16/07

SIDRO APODACA, D/B/A A FATHER & FAST CAREFUL SONS MOVING, TV-070336, 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 return it to us. 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 Vicki BATESON Your address 31405 - 54th Ave. S, Auburn, WA Your phone number 253-939-2283
Moved from Federal Way, WA Moved to Auburn, WA Bill of lading number 44200001 Date you moved 6/22/07

ESTIMATES		Yes	No	QUALITY OF SERVICE:		Yes	No
Did you request the mover provide an estimate?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were mover's staff (office/sales) courteous and professional?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were you provided with a written estimate?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the moving crew arrive at your residence on time?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the estimate clear and understandable?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was the moving crew courteous and professional?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the mover fully explain any areas you questioned?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was the moving crew responsive to your wishes/directions?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the final cost exceed the estimated cost? If so, by how much?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	If any problems occurred, were they brought to your attention so that you had a choice in how to resolve them?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
INFORMATION TO SHIPPERS:				Were you satisfied with the manner in which your goods were handled?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the mover give you written information about your rights and responsibilities as a moving customer prior to or at the beginning of your move?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did the movers have all necessary equipment (dollies, pads, packing materials, etc.) available to complete your move?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the mover explain its limited liability for loss and damage?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did the movers complete their duties in a reasonable time?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the mover explain how you could obtain higher liability limits by paying additional fees?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the mover's truck(s) appear to be in good repair and suitable for transporting your household goods?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
LOSS AND DAMAGE:				OVERALL COMMENTS:			
Did the mover damage your goods or residence?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you satisfied with the overall service provided?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, were you given information on how to file a claim?		<input type="checkbox"/>	<input type="checkbox"/>	Would you use this company again on future moves?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were your questions on loss and damage answered fully?		<input type="checkbox"/>	<input type="checkbox"/>	Would you recommend this company to others?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you file a claim for loss or damage?		<input type="checkbox"/>	<input type="checkbox"/>	Definitely would use them again if I move again.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the claim resolved to your satisfaction?		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to add comments regarding your move (you may attach additional sheets as necessary). Then fold this document along the dotted lines shown on the back, seal with a piece of tape and mail to the address shown. Thank you!

TV-070336



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Your name JAMMY REED Your address PO BOX 203 Southworth Your phone number 360 871-3795
Moved from 17412 SE 331st Ct Moved to 3952 Cherry St SE Bill of lading number Port Orkade Date you moved 4/20/07
Arbuton

ESTIMATES		Yes	No	QUALITY OF SERVICE		Yes	No
Did you request the mover provide an estimate?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were mover's staff (office/sales) courteous and professional?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were you provided with a written estimate?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the moving crew arrive at your residence on time?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the estimate clear and understandable?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was the moving crew courteous and professional?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the mover fully explain any areas you questioned?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Was the moving crew responsive to your wishes/directions?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the final cost exceed the estimated cost? If so, by how much?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	If any problems occurred, were they brought to your attention so that you had a choice in how to resolve them?		<input type="checkbox"/>	<input type="checkbox"/>
INFORMATION TO SHIPPERS:				Were you satisfied with the manner in which your goods were handled?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the mover give you written information about your rights and responsibilities as a moving customer prior to or at the beginning of your move?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did the movers have all necessary equipment (dollies, pads, packing materials, etc.) available to complete your move?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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LOSS AND DAMAGE:				OVERALL COMMENTS:			
Did the mover damage your goods or residence?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you satisfied with the overall service provided?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, were you given information on how to file a claim?		<input type="checkbox"/>	<input type="checkbox"/>	Would you use this company again on future moves?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were your questions on loss and damage answered fully?		<input type="checkbox"/>	<input type="checkbox"/>	Would you recommend this company to others?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you file a claim for loss or damage?		<input type="checkbox"/>	<input type="checkbox"/>	One recommendation - <u>It was raining that day and they tracked dirt into the house</u>		<input type="checkbox"/>	<input type="checkbox"/>
Was the claim resolved to your satisfaction?		<input type="checkbox"/>	<input type="checkbox"/>	<u>they should of had carpets to put down for the dirt - or plastic runners.</u>		<input type="checkbox"/>	<input type="checkbox"/>

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