

*Handwritten initials/signature*



# CUSTOMER SURVEY QUESTIONNAIRE



Steven Nava, Jr., d/b/a Mover's for the Baby Boomers, THG-64611, TV-120357 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 [Redacted] Your address [Redacted] Your phone number [Redacted]  
 Moved from [Redacted] Moved to [Redacted] Bill of lading number [Redacted] Date you moved 5-25-12

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

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!

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

SEATTLE WA 9810

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WASH. UT. & TP COMM

Washington Utilities and Transportation Commission  
Attn: Carolyn Caruso  
PO Box 47250  
Olympia, WA 98504-7250

985047250





# CUSTOMER SURVEY QUESTIONNAIRE



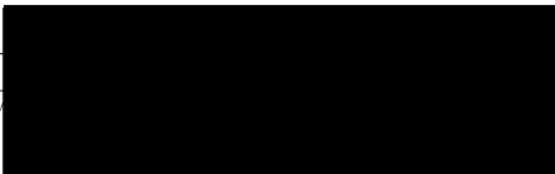
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Your name [redacted] Your address [redacted] Your phone number [redacted]  
 Moved from [redacted] Bill of lading number [redacted] Date you moved 6-10-12

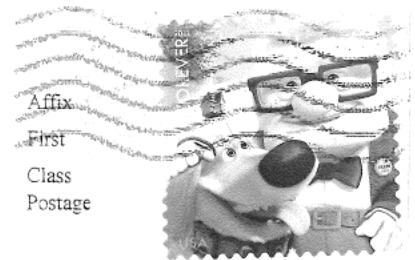
ESTIMATES		Yes	No
Did you request the mover provide an estimate?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were you provided with a written estimate?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the estimate clear and understandable?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the mover fully explain any areas you questioned?		<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"/>
INFORMATION TO SHIPPERS:			
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 type="checkbox"/>	<input type="checkbox"/>
Did the mover explain its limited liability for loss and damage? If the mover explain how you could obtain higher liability limits by paying additional fees?		<input type="checkbox"/>	<input type="checkbox"/>
LOSS AND DAMAGE:			
Did the mover damage your goods or residence?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, were you given information on how to file a claim?		<input type="checkbox"/>	<input type="checkbox"/>
Were your questions on loss and damage answered fully?		<input type="checkbox"/>	<input type="checkbox"/>
Did you file a claim for loss or damage?		<input type="checkbox"/>	<input type="checkbox"/>
Was the claim resolved to your satisfaction?		<input type="checkbox"/>	<input type="checkbox"/>
QUALITY OF SERVICE:			
Were mover's staff (office/sales) courteous and professional?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the moving crew arrive at your residence on time?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the moving crew courteous and professional?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the moving crew responsive to your wishes/directions?		<input checked="" type="checkbox"/>	<input 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"/>
Were you satisfied with the manner in which your goods were handled?		<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 movers complete their duties in a reasonable time?		<input checked="" type="checkbox"/>	<input 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"/>
OVERALL COMMENTS:			
Were you satisfied with the overall service provided?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Would you use this company again on future moves?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Would you recommend this company to others? <i>Very much so. Great service, no problems at all. Well prepared, would always give him a great recommendation. Nice guy besides.</i>		<input checked="" 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!

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/



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