



CUSTOMER SURVEY QUESTIONNAIRE



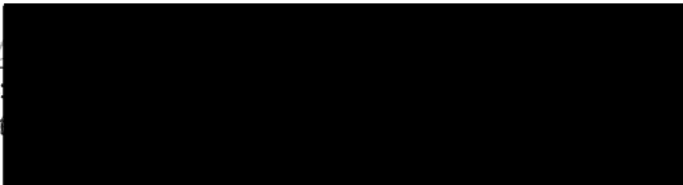
Steven Nava, Jr., d/b/a Mover's for the Baby Boomers, THG-64611, TV-120357 provides household goods moving services under a permit granted by the Utilities and Transportation Commission (UTC). As a condition of this carrier's permit authority, it must provide its customers with an opportunity to comment 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 1260-664-1222. 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] Bill of lading number [REDACTED] Date you moved 7/30/12

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



SEATTLE WA 980

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Washington Utilities and Transportation Commission
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