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CUSTOMER SURVEY QUESTIONNAIRE



2013 MAR 11 AM 7:24

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 call us at 1-800-368-2727. 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 7-12-12

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 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 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 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"/>
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 checked="" 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 checked="" 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 checked="" type="checkbox"/>				
Was the claim resolved to your satisfaction?		<input type="checkbox"/>	<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!

TV-120357

Name:
Address
City/St



SEATTLE WA 980

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SEP 26 2012

WASH. UT. & TP. COMM

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

98504-7250



Steve Nava is our primary mover and is doing an excellent job moving seniors in & out of our community.



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Your name [redacted] moved from [redacted] to [redacted]
 Your phone number [redacted] Bill of lading number [redacted] Date you moved [redacted]

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 MANAGEMENT

ESTIMATES	Yes	No	QUALITY OF SERVICE:	Yes	No
Did you request the mover provide an estimate?			Were mover's staff (office/sales) courteous and professional?	X	
Were you provided with a written estimate?			Did the moving crew arrive at your residence on time?	X	
Was the estimate clear and understandable?			Was the moving crew courteous and professional?	X	
Did the mover fully explain any areas you questioned?	X		Was the moving crew responsive to your wishes/directions?	X	
Did the final cost exceed the estimated cost? If so, by how much? <i>Stays on budget</i>			If any problems occurred, were they brought to your attention so that you had a choice in how to resolve them?	X	
INFORMATION TO SHIPPERS:			Were you satisfied with the manner in which your goods were handled?	X	
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?			Did the movers have all necessary equipment (dollies, pads, packing materials, etc.) available to complete your move?	X	
Did the mover explain its limited liability for loss and damage?	X		Did the movers complete their duties in a reasonable time?	X	
Did the mover explain how you could obtain higher liability limits by paying additional fees?			Did the mover's truck(s) appear to be in good repair and suitable for transporting your household goods?	X	
LOSS AND DAMAGE:			OVERALL COMMENTS:		
Did the mover damage your goods or residence? <i>not heard of any</i>			Were you satisfied with the overall service provided?	X	
If yes, were you given information on how to file a claim?			Would you use this company again on future moves?	X	
Were your questions on loss and damage answered fully?	X		Would you recommend this company to others?	X	
Did you file a claim for loss or damage?			<i>We recommend this company all the time. He does at least 2-5 moves per month + we have had excellent customer satisfaction.</i>		
Was the claim resolved to your satisfaction?					

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 98107
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Washington Utilities and Transportation Commission
Attn: Carolyn Caruso
PO Box 47250
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CUSTOMER SURVEY QUESTIONNAIRE



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Your name: [redacted] Your address: [redacted] Phone number: [redacted]
 Moved from [redacted] to [redacted] Date you moved: Sept 1 2012
 Bill of lading number: [redacted]

ESTIMATES		Yes	No
QUALITY OF SERVICE:			
Did you request the mover provide an estimate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you provided with a written estimate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the estimate clear and understandable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the mover fully explain any areas you questioned?	<input checked="" type="checkbox"/>	<input 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"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Did the mover explain its limited liability for loss and damage?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
LOSS AND DAMAGE:			
Did the mover damage your goods or residence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, were you given information on how to file a claim?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were your questions on loss and damage answered fully?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you file a claim for loss or damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the claim resolved to your satisfaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OVERALL COMMENTS:			
Were you satisfied with the overall service provided? <input checked="" type="checkbox"/>			
Would you use this company again on future moves? <input checked="" type="checkbox"/>			
Would you recommend this company to others? <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"/>			
Did the movers complete their duties in a reasonable time? <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"/>			
Were you satisfied with the manner in which your goods were handled? <u>EXCELLENT</u> <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! STEVE WAS EXCELLENT & HEAVENLY
DEFINITELY RECOMMEND HIM!

Name: _____
Address: _____
City/State: _____



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Washington Utilities and Transportation Commission
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