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Client Survey

Client Name: _____ Date of Service: _____

Thank you for your time in completing this form. We rely on your feedback to help us meet and exceed our clients' expectations!

Were you happy with our service? Y N If no, please explain what we could have done better for you _____

What did you like most about our service? _____

Would you use our services again? Y N

Would you recommend The House Professionals? Y N

May we use you as a reference? Y N

Additional comments: _____

Client signature: _____ Date: _____

Please return this survey in the postage paid return envelope provided. Thank you for your business!