

COMFORT AND HEALTHY AIR SURVEY



Dear Valued Customer,

Our goal is to help you create a comfortable, clean, healthy home with low utility and repair bills. This survey will help us determine if we can serve you better. Please return it before your service technician leaves. Thank you!

Health & Clean Air Issues

- * Does anyone in your home...
 - ...get frequent headaches, flu-like symptoms, or feel tired all the time?
 YES NO
 - ...have asthma, or allergies to dust, pollen or molds?
 YES NO
 - ...ever go to bed with a clear head and wake up the next morning stuffy?
 YES NO
- * Does your house ever smell musty or unpleasant?
 YES NO
- * Does your furniture seem to get dusty within a few days after house cleaning?
 YES NO
- * Is the air in your house too dry in the winter?
(static shocks, dry sinuses, cracked lips)
 YES NO
- * Does water run down the inside of your windows in the wintertime?
 A LOT SOMETIMES NEVER

Comfort & Utility Bill Issues

- * Are any areas uncomfortably cold in winter?
 YES NO
- * Are any areas uncomfortably hot in summer?
 YES NO
- * How cool do you keep your house in summer?
Day: _____ Degrees Night: _____ Degrees
- * Do you ever feel uncomfortable even though the AC is on? (e.g. wake-up sweating or clammy feeling)
 YES NO
- * Does your system ever run non-stop but still not keep you comfortable?
 YES NO
- * If you have a heat pump, does it ever seem to blow cool air in the winter?
 YES NO DON'T HAVE HEAT PUMP
- * How important is saving money on your utility bills?
 VERY SOMEWHAT NOT IMPORTANT

What do you NOT like about your present HVAC system?:

Would you like a free telephone consultation to discuss possible causes of any of the above common problems, and whether there are any economical solutions (including do-it-yourself repairs)?

YES NO

Your Name (please print): _____

Your Address: _____

City and Zip _____

Daytime Phone _____ Evening Phone _____

E-Mail Address _____

Today's Date _____ Service Technician _____



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