

RELOCATION REALTY, INC.

PROPERTY MANAGEMENT SERVICE EVALUATION

File Number _____	Client Name _____
Company _____	Property Address _____
Agent _____	Property Manager _____

To be completed by client:

RRI has assisted you with your property management needs. Please indicate your satisfaction with the service provided by checking the appropriate box for each question below. Note that the scale is 1 to 8 with 8 describing the highest level of service. Please note that our staff is rated both on the number of surveys returned and the actual survey results.

8-7 = Excellent 6-5 = Good 4-3 = Fair 2-1 = Poor

PLEASE RATE US:

	8	7	6	5	4	3	2	1
The timeliness of contact by the Property Manager								
How knowledgeable was the Property Manager assisting you								
Your satisfaction with the Agent assisting with the search for a tenant								
Your satisfaction with the handling of maintenance issues								
Your satisfaction with our accounting department								
The level of service you received								
The value of the service you received								

	YES	NO
Do you plan to continue using RRI 's property management services		
Would you like us to help you sell your property		
Would you recommend RRI to other property owners		

To assist us in improving our service, please add any additional comments you may have.

Signature _____ Print Name _____

Telephone (_____) _____ Date _____

Please check this box if you would like to be contacted regarding this evaluation.

Thank you for your comments. Please return your survey to Hardeman Godbee's attention



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