

# RELOCATION REALTY, INC.

## TENANT MOVE OUT SERVICE EVALUATION

File Number _____	Customer Name _____
Company _____	Property Address _____
Referral Date _____	Assigned Agent _____

**To be completed by customer:**

You recently resided in a property managed by RRI. 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 OUR COMPANY AND STAFF																				
Our Property Management Staff																				
Our Property Manager																				
The value of the service you received from your Real Estate Agent																				
Your satisfaction with the handling of your maintenance issues																				
Our move out procedure																				
Your satisfaction with the home you leased																				
Your overall satisfaction with RRI's services																				
																			YES	NO
Did your Leasing Agent stay in contact with you for further assistance																				
Where you asked if we could assist you with your new housing needs																				
Would you recommend RRI to others needing our service																				

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

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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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