

# Your Information

(Email and personal information required for report confirmation)

Name: Julie Lemon  
 Phone: ( 413 ) 218-3472  
 Address: 26 Waid Rd  
 City: Monson State: Ma Zip: 01057  
 Email: (required) julie.lemon@live.com

# Company Information

Company Name: Roof Pros Storm Div.  
 Phone: ( 888 ) 844-4245  
 Address: 34 W. Main St  
 City: BROOKFIELD State: Ma Zip: 01506

# Company Review

Did the company/individual perform services?  Y  N  
 (as opposed to just an estimate, phone call for information, etc.)

Approximately how much did you spend? \$ 6,000.00

Approximate service date: May 2012

Please describe (in detail) the services performed:  
Roof Replaced From  
Storm, Damage

How did it go overall? Tell us the story from start to finish:  
 (example: Bob the plumber was on time and reasonably priced, but he was too chatty)

DAN CURRY helpful and  
Professional on site at  
all times

	A	B	C	D	F	N/A
Overall Experience: .....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Price: .....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality: .....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness: .....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality: .....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism: .....	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you use this company/individual again in the future?  Y  N

Signature: Julie Lemon  
 Date: 11/19/13