



SERVICE QUESTIONNAIRE

(Please check the appropriate boxes. Your candid comments, favorable or unfavorable, are appreciated.)

Date Service Provided: _____

Time Service Provided: _____

1. Type of Service Provided? Loan Document Signing Walk-In to Office Mobile Notary Service
 Witness Only Service (No Notarizations Required)
 Other _____

Comments: _____

2. Location of Signing: Home Hospital Care Center Jail
 Other _____

3. Was Notary Prepared & Equipped to Serve You? Yes No

4. How would you rate our services overall? Excellent Fair
 Good Poor

Comments: _____

5. Did we provide the professional service & assistance you needed? Yes No

Comments: _____

6. Were your questions clearly answered so you could make an informed decision about the services we offer?
 Yes No

Comments: _____

7. Was pricing for our services explained clearly? Yes No

8. How did you hear of us?
 1. Friend 3. Family 2. Website 4. Other _____

Comments: _____

- 9.. Would you call A Notary Service again or recommend our services to someone else? Yes No

Comments: _____

10. Please check any item that could be improved upon.
 A. Courtesy of staff C. Professionalism in conduct or providing service
 B. Attention to details E. Other _____

Comments: _____

Notary's Last Name: _____

Thank you for your help! If you have other comments you would like to add please do so on a separate page & return it to us with this questionnaire. (Optional: There is a place for your name & address below.)

Name _____

Address _____