

# NORFOLK HOMES Post-Closing Survey

1. Were our warranty standards and procedures explained clearly at all of the following times?

When you signed your purchase agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
At the pre-construction phase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
At the pre-drywall phase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
During your pre-closing walk-through?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
At the time of closing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

2. As you understand them to be, are the procedures convenient and easy to complete? ☐ Yes ☐ No

3. Do you feel the warranty coverage we provide is reasonable? ☐ Yes ☐ No

4. Was the procedure for requesting **emergency** service explained to you? ☐ Yes ☐ No

5. Did we provide you with a copy of the *NAHB Residential Construction Performance Guidelines* Booklet when you signed your purchase agreement? ☐ Yes ☐ No

6. Have you ever referred to the *NAHB Residential Construction Performance Guidelines* for information on specific warranty items? ☐ Yes ☐ No

7. Were you provided with blank service request forms at any time before closing? ☐ Yes ☐ No

8. How well do you rate the completion of repairs listed at your pre-closing walk-through?  
(1 being the lowest possible rating and 5 being the highest).

Timely completion of repairs:	<input type="checkbox"/> 1- N/A	Quality of repairs:	<input type="checkbox"/> 1- N/A
	<input type="checkbox"/> 2- Poor		<input type="checkbox"/> 2- Poor
	<input type="checkbox"/> 3- Fair		<input type="checkbox"/> 3- Fair
	<input type="checkbox"/> 4- Good		<input type="checkbox"/> 4- Good
	<input type="checkbox"/> 5- Excellent		<input type="checkbox"/> 5- Excellent

9. In terms of quality of workmanship and its efficiency, please rate the following elements of your house  
(1 being the lowest possible rating and 5 being the highest):

Plumbing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Interior Wood Trim	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Landscaping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Heating/AC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Siding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Painting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Windows/Doors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Brick/Stone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Concrete	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Floor-covering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Garage Doors/Openers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A
Drywall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> N/A

10. How do you think our policies and procedures for submitting service requests can be improved?

11. What can we do to assist you or provide better service to our customers?

12. May we contact you to discuss the answers you provided? ☐ Yes / ☐ No

Homeowner: \_\_\_\_\_  
Phone: \_\_\_\_\_ (optional)

Address: \_\_\_\_\_