

GRAND SUBANG

RESIDENT / OCCUPANT SATISFACTION SURVEY

Dear Valued Resident/Occupant:

As part of our continuous effort to improve our service, we invite you to participate in this Satisfaction Survey. We hope your recent experience has been a good one, but whether your opinion is positive or negative, we would like to hear from you. Your opinion is extremely important to us.

Responses can be submitted to The Management Office or scan and email to grandsubangss13@gmail.com.

Please rate your overall experience toward the following services:

1=Very Poor

2=Poor

3=Fair

4=Good

5=Excellent

	1	2	3	4	5
1. Management Office staff attitude/responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

2. Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

3. Cleanliness of common area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

4. Landscaping (courtyard, fountain, facility floor and other common area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

5. Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

6. Lift & Escalator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

Services below only applied to Residents:

7. Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

8. Gym Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

9. Multi-purpose hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: _____

10. BBQ Pit

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Comments: _____

Owner/Tenant's signature
Name:
Unit No: