

Positive Comments Form

Customer's of W.A.F.R.P. members are encouraged to submit comments for satisfactory work.



Home Owner's Name _____

Address _____

City _____ Zip Code _____

Job Address (if different than above) _____

Home Phone (____) _____ Work Phone (____) _____

Mobile Phone (____) _____ Fax (____) _____

W.A.F.R.P. Member Name _____

Start Date _____ Last Day On Job _____

Did W.A.F.R.P. membership affect your decision to hire this member? Yes ____ No ____

Have you ever hired any foundation professionals not belonging to W.A.F.R.P.? Yes ____ No ____

Would you recommend W.A.F.R.P. members to others? Yes ____ No ____

Please describe what the W.A.F.R.P. member did that pleased you: _____

List any constructive comments you may have for this W.A.F.R.P. member: _____

Submitter _____ Date _____

Note: If you require any special accommodations, please contact the W.A.F.R.P. office, 262-827-5008. Return to: Julie Arnstein, 4590 S. Raven Lane - New Berlin, WI 53151 or fax: 262-785-6765

