AVENEL COMMUNITY ASSOCIATION

CONTRACTOR RECOMMENDATION FORM		
YOUR NAME	Date	
YOUR ADDRESS		
YOUR PHONE NUMBER(S)		
C	ontractor Information	
COMPANY NAME:		
CONTACT:		
Type of Business:		
Address:		
PHONE NUMBER(S):	OTHER:	
Please briefly describe the nature and	d extent of work which was done on your property:	
Please rate the contractor's work in t (4=Outstanding 3=Good 2=Fair 1	he following areas: =Poor)	
KNOWLEDGE OF FIELD:	PRICING:	
Professionalism:	CLEANLINESS OF SITE:	
PROMPTNESS:	CUSTOMER SERVICE:	
ACCURACY OF WORK:	OVERALL RATING:	
Would you recommend this contractor to May another homeowner contact you for contractor?		

Please mail, fax, email, or personally deliver this questionnaire to:

Avenel Community Association 9501 Beman Woods Way Potomac, MD 20854 Fax: (301) 299-7169

Email: customerservice@liveatavenel.com