



## LEASING/MOVE IN SURVEY

**Resident:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Move In:** \_\_\_\_\_ **Leasing Agent:** \_\_\_\_\_

Please rate the following on a scale of one to five (**One** being **Poor**, **five** being **Excellent**).

How would you rate the following:	1	2	3	4	5
Your lease signing experience					
Were all of your questions answered to your satisfaction by the leasing agent?					
Ease of contacting up until lease signing?					
Clarity of communication with you.					
Willingness to respond to your needs.					
Professionalism and friendliness of the leasing agent.					
Overall customer service experience.					
Condition of unit assigned to you?					

Have you turned in your housing condition checklist?      Yes       No   
*\*\*Remember this is due within two weeks of your move in.\*\**

*If you have any issues that need immediate attention, please call our 24 hour emergency work order request line (580) 234-2442*

Has any of your contact information changed?      Yes       No

Home Phone Number:      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone Number:      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number:      ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be added to our mailing list?      Yes       No

What do you like **best** about housing? \_\_\_\_\_

What do you like **least** about housing? \_\_\_\_\_

**Would you recommend our community to others?**      Yes       No

**How did you learn about The Landings at Maxwell?** \_\_\_\_\_