

Sandia Heights Homeowners Association

Contractor Evaluation Form

Type of Service Provided

- | | | | |
|------------------------|----------------------------|---------------------------|-----------------------|
| _____ Air Conditioning | _____ Dog/Cat Sitter | _____ Landscaping | _____ Security System |
| _____ Appliance Repair | _____ Electrical | _____ Painting | _____ Septic System |
| _____ Asphalt | _____ Exterminators | _____ Patios/Patio Covers | _____ Skylights |
| _____ Chimney Sweep | _____ Flooring | _____ PV Panels | _____ Spas/Hot Tubs |
| _____ Concrete | _____ Handyman | _____ Plumbing | _____ Stucco |
| _____ Construction | _____ Heating | _____ Pools | _____ Walls/Fences |
| _____ Decks | _____ House Cleaner/Sitter | _____ Roofing | _____ Windows/Doors |
| _____ Other (_____) | | | |

Provider/Company Name: _____

Provider/Company Address: _____

Contact Person: _____ Contact Phone Number: _____

Did you verify: business license/registration? Yes No Proof of insurance Yes No

Would you use this company again? Yes _____ No _____ Maybe _____

Please rate the following attributes:

	Outstanding	Excellent	Good	Fair	Poor
Service response time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely completion of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to original estimate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to original terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final price	Matched to the quality/extent of project <input type="checkbox"/> Too high for the quality <input type="checkbox"/>				
Fair for the quality/results	<input type="checkbox"/>				

Comments:

Homeowners Name: _____

Date: _____

Address: _____

Phone: _____

By submitting this evaluation form you authorize the SHHA to provide your name and phone number to any member of the association needing feedback about a contractor. The SHHA Contractor Evaluation Program does not eliminate the homeowner's responsibility to obtain competitive bids, secure written contracts/estimates, or verify a contractor's professional qualifications, licenses or bonding. The SHHA does not recommend any particular service or service provider, nor does it endorse or share the opinions or views expressed in any Contractor Evaluation Form.

Please return this form to: SHHA, 12700 San Rafael Avenue NE Ste 3, Albuquerque NM 87122