

CORSA MANAGEMENT
P.O. Box 770
South Orange, NJ 07079-0770
Phone (973) 763-5791
Fax (973) 763-8079

Corsa Management strives to maintain high standards at all our apartment communities. This questionnaire is designed to improve the quality of your stay with us.

Please take a moment to fill this out, using a separate sheet if needed, and return it to us by mail or fax. You can also send your comments to us anytime by e-mail to davidc@corsamanagement.com or via our website at www.corsamanagement.com.

Date: _____

Thank you for your time!

Apartment Community _____

1. How would you rate our staff overall in terms of knowledge and professionalism on a scale of 1 to 5 with 5 being the best? Rental _____
Maintenance _____
2. Have your service requests been handled promptly and completely? Yes _____ No _____
How long does it generally take before your work order is handled? _____
Please explain any problems: _____
3. Do you have any plumbing leaks in your apartment? Yes—apt. no. _____ No _____
Circle: running toilet, leaking pipe, dripping faucet, other: _____ Where? _____
4. Have you seen any examples of crime or vandalism in the past 6 months? Yes _____ No _____
If so, please explain: _____
What can we do to cut down on vandalism? _____
5. What do you feel could be done to your apartment to improve it? _____
_____ To your apartment community? _____
6. How does your apartment and apartment community compare with other places you have lived before? Better _____
About the same _____
Worse _____
7. Are you satisfied with the quality of neighbors you have? Yes _____ No _____
8. Would you recommend this apartment community to your friends? Yes _____ No _____
If not, why? _____
9. What do you enjoy most here? _____
10. What is your biggest concern about living here? _____
11. What one change would you like us to make here? _____
12. Will you be renewing your lease when it expires? Yes _____ No _____ Not Sure _____
If not or not sure, is there anything we can do to make sure you stay with us?

If you would like us to contact you about your answers, please fill in the following:

Name: _____ Apt. No: _____ Phone No: _____

Address: _____ Date: _____ Work Phone: _____