CO-OP AGENT SALES SURVEY

_____

AGENT NAME

Client Name(s): _____ **Closing Date:** _____

Property Address: _____

Congratulations on your recent closing! Your participation in this survey is greatly appreciated.

Co-Op Agent Name: _____

Phone Number: _____

Co-Op Company: _____

On a scale of 1-10, with 10 being the best, please rate your experience working with the Co-Op agent named above: 10_____

Would you recommend them as a good fit for our team? ☐ **Yes** ☐ **No**