



MERITON
SERVICED APARTMENTS

TELL US ABOUT YOUR STAY...

Thank you for choosing to stay with Meriton Serviced Apartments. We would appreciate one minute of your time to complete this survey, to allow us to continue to improve our services. Once completed please return this questionnaire to our Front Desk. Thank you for your time, we appreciate your feedback. We look forward to welcoming you again.

Name: _____ Apartment # _____

Email: _____ Arrival Date: _____

Please tick box if you do NOT wish to be contacted by email for special offers or promotions.

Which Meriton Serviced Apartment did you stay at?

- Meriton World Tower
 Meriton Kent Street
 Meriton Pitt Street
 Meriton Bondi Junction
 Meriton Parramatta
 Meriton Danks Street Waterloo
 Meriton Gold Coast

Your arrival date: _____ Your departure date: _____

What was the purpose of your visit?

- Business
 Pleasure
 Attending meeting/event (please specify) _____
 Other (please specify) _____

If you return to this area, how likely are you to stay with us again?
 Definitely
 Never

If not, is it due to:

Quality of apartments Yes No
 Quality of apartment cleanliness Yes No
 Quality of service Yes No
 Other (please specify): _____

- If you made your reservation directly with us, was it handled promptly and efficiently?
 Yes
 No
 Were your details correct when you arrived?
 Yes
 No
 Did you book through an accommodation website, other than our own?
 Yes
 No
 Will you book directly with us for your next visit?
 Yes
 No

Arrival/Departure:

- Were you able to check in from 2pm?
 Yes
 No
 Were you able to check out promptly?
 Yes
 No
 Was your bill correct?
 Yes
 No
 How friendly were our Front Desk staff?
 Excellent
 Acceptable
 Poor
 How efficient were our Front Desk staff?
 Excellent
 Acceptable
 Poor

Room Service:

- Did you use our Room Service provider?
 Yes
 No
 How would you rate their service?
 Excellent
 Acceptable
 Poor
 How would you rate their food quality?
 Excellent
 Acceptable
 Poor

Your apartment:

- Was your apartment clean and fresh on arrival?
 Yes
 No
 Was your bathroom clean and fresh on arrival?
 Yes
 No
 Was your kitchen clean and fresh on arrival?
 Yes
 No
 How was the lighting in your apartment?
 Excellent
 Acceptable
 Poor
 How was the condition of the furniture?
 Excellent
 Acceptable
 Poor
 How well did we service your apartment (if applicable)?
 Excellent
 Acceptable
 Poor

Would you like to mention a staff member who provided exceptional service? _____

General Comments: _____
