



# Tehama Rural Area eXpress

## Feedback Form

### Compliments, Complaints, Suggestions or Requests

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Please check the box that applies:  Compliment       Complaint       Suggestion

Requesting information:  ADA Application       Over 70 Application

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like to be contacted?     Telephone       Email       Mail