



# 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           65 & Older - Lifetime Pass

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

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How would you like to be contacted?     Telephone           Email           Mail