City of Pickerington

We Would Like To Hear From You

Your opinion matters. Let us know what we're doing right or if there's something we can do better or, if you have a complaint, we care and want to know.

Date _____ Time _____

Name _____

Address _____

Address _____

Phone # _____

Email _____

Comments

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Response

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FOR STAFF ONLY:

Date & Time Concern Submitted _____ Person Receiving Concern: _____

Date Issue/Concern Resolved _____ Person Completing Response _____

cc: City Manager

manager/forms/feedback form.doc

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