KING ISLAND COUNCIL – CUSTOMER FEEDBACK FORM

Please enter your complaint, suggestion or compliment in the space below			
Please e	nter your contact details below	Diagramm	atic Description
Name:	•		· ·
Address:			
Phone	Home:		
	Work:		
Email:			
Signature:			
Date:			

Thank you for your input. When you have completed the form, please hand it to one of our staff members or post it to the King Island Council, PO Box 147, Currie. King Island. TAS 7256.