

**CITY OF SPARKS PARKS AND RECREATION DEPARTMENT  
CUSTOMER COMMENT FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Taken By: \_\_\_\_\_

Reported By: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Location & Program: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_

Suggestions for improvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**FOR OFFICE USE ONLY**

Park Maint. \_\_\_\_\_ Rec \_\_\_\_\_ Alf \_\_\_\_\_ Pools \_\_\_\_\_ Sports Complexes \_\_\_\_\_

Trails \_\_\_\_\_ Marina \_\_\_\_\_ Customer Service \_\_\_\_\_

Date Assigned \_\_\_\_\_ To \_\_\_\_\_

Date Completed \_\_\_\_\_ By \_\_\_\_\_ Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_