



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