

CUSTOMER RECOMMENDATIONS

How Can We Better Serve You?

Location:	Legal			Title– Green Title – Fairlawn
Name:				
	Last First			
Address:				
		City	State & Zip	
				phone
Email:			How may we contact yo	u: email
				mail
Please des	scribe your experience in detail, includir	ng the name(s	e) of any employee(s) involv	ved:
Attach ad	ditional paper if needed. Please remem	ber to indicat	e the office you visited.	
Ü	ontact or ask for a supervisor or man	· ·	Yes	No
If yes, wh	tom?		Date	
<u> </u>			Date	
Signature	of person completing this form			
Please sen	d your remarks to:			
i icase sei	a your remarks to.			

Rana Matar, Chief of Staff. 205 S High St., Akron, OH 44308 or rmatar@summitoh.net (330) 643-2399