

CUSTOMER RECOMMENDATIONS

How Can We Better Serve You?

Location:		Legal	Title – Tallmadge Ave. Ti Title – Northfield Telephone:		Title- Green
Name:					
	Last	First			
Address:					
			City	State & Zip	
					phone
Email:				How may we contact you	u: email
					mail
Please de	scribe your expe	rience in detail, includi	ing the name(s	e) of any employee(s) involv	ed:
Attach ad	lditional paper i	f needed. Please remen	nber to indicat	e the office you visited.	
Did you o	contact or ask f	or a supervisor or ma	nager?	Yes	No
If yes, wl	hom?			Date	
				Date	
Signature	e of person com	pleting this form		Dutc	
Please sei	nd your remarks	to:			
Karli Sim	pson, Chief Assi	stant. 205 S High St., Ak	ron, OH 44308 o	or ksimpson@summitoh.net	
(330) 643	3-2215				