

Facility Feedback

Organisation (if applicable):

Name:

Address:

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Email:

Home Phone:

Work Phone:

Mobile:

Facility used:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> 1855 Room | <input type="checkbox"/> Council Chambers | <input type="checkbox"/> Foyer |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Library | <input type="checkbox"/> Town Hall |
| <input type="checkbox"/> Theresa Walker Gallery | | |

Facility features (if applicable):

Room Configuration: Satisfactory Unsatisfactory

Comments:

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Audio Visual System: Satisfactory Unsatisfactory

Comments:

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Acoustics: Satisfactory Unsatisfactory

Comments:

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Access: Satisfactory Unsatisfactory

Comments:

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Staff Interaction: Satisfactory Unsatisfactory

Comments:

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Other Feedback:

Please Note: If marked unsatisfactory, comments are mandatory.

We appreciate the time taken to provide your feedback.