PARKING PROGRAM FEEDBACK FORM

Date Reported: _____

Feedback Type: _____ Complaint _____ Commendation _____ Suggestion

Name: _____

Address: _____ City _____ State _____ Zip_____

Please provide the following details about the incident:

Location/Street Address:_____

Have you contacted anyone at PARKatlanta?

____ Yes _____ No

If yes, please include contact names and dates in the details of the incident below:

DETAILS OF INCIDENT (use additional paper if necessary): _____

_____

_____

_____

_____

_____

_____

_____

Thank you for providing this information to us. A member of the Parking Mangement Team will contact you within 24 – 48 business hours. Please submit this form to:

CITY OF ATLANTA
Department of Public Works
Office of Transportation
55 Trinity Avenue, SW
Atlanta, GA 30308
(404) 330-6501 – O
(404) 658-7085 – F

www.atlantaga.gov