



Poulsbo Farmers Market

Comment Form

CONTACT INFORMATION

Name: _____ Date: _____

Email: _____

Phone: _____

Mailing Address: _____

Signature _____

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I have a suggestion for the PFM

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I have a complaint or rule violation

Comments:

Response will be given to all named parties herein within 2 weeks of receipt. This form will be reviewed by the PFM Vendor Relations Committee and presented to the PFM Board of Directors at the next regular monthly meeting. Any findings will be presented to all parties involved in a timely manner. Please mail or submit at the Market Booth on Market Day.

Poulsbo Farmers Market, Vendor Relations Committee, PO BOX 465, Poulsbo, WA 98370.

MGMT USE ONLY

Date Received: _____ Received by: (print) _____ Signed: _____

Date Replied: _____ Replied by: (print) _____ Signed: _____

Date Followed Up: _____ Followed Up by: (print) _____ Signed: _____