

Facility Assessment Feedback

This form can be completed and returned via mail/dropped off to 8123 Main, Dexter, MI 48130 or submitted via e-mail to cnicholls@dextermi.gov.

Date Completed _____

Please use the space below to provide your comments on the facility assessment information. This information will be used by the Facility Committee and City Council as they move forward with their consideration of the options for facility improvements.

Is there any information regarding this topic that you do not feel has been considered or covered adequately?

Contact Information for Follow-Up

Name _____

Address _____

Phone/E-Mail _____