

CITY OF AITKIN COMPLIMENT FORM

Date:	Compliment Received By:
Time:	Phone Call _____ Letter _____ In Person _____

CITIZEN INFO (OPTIONAL):

Name: _____ Telephone Number: _____

Email Address: _____

Date of Experience : _____

Who/What are your Complimenting?

City Employee City Department City Facility/Park City Event Other

Please describe your experience and what made it positive:

May we share your compliment publicly (On our website or social media)?

Yes No

**Thank you for helping us recognize the people and services
that make Aitkin great!**