



## CAMPBELL COUNTY DEPARTMENT OF HOUSING LANDLORD FEEDBACK FORM

**We recognize it is our responsibility to serve you, the Landlord, and we take your feedback very seriously. Whether negative or positive, please let us know about your experiences with us.**

First Name:

Last Name:

Phone no. & address (optional):

Please provide your feedback on the quality of our services and experiences you have had with our office. (Please check one)

- Excellent
- Very Good
- Good
- Average
- Poor

Do you have any suggestions on what we can do to provide you with a better service/experience as a Campbell County Section 8 Landlord, or do you feel that we need to change any of our procedures/ forms, etc. to be more useful to you as a Landlord? Thank you for taking the time to provide this information.

Please enter any complaints, suggestions, comments, etc. below:

May we follow up with you regarding this form and/or your comments if we need further information?

**THANK YOU FOR TAKING TO TIME TO GIVE US YOUR FEEDBACK**