Link Transit P.O. Box 1358 Burlington, NC 27216

EmailPhone CallUS Mail

O No Response Necessary



Phone: 336-222-5465 Fax: 336-222-5004 info@linktransit.org

CUSTOMER COMMENT FORM

NAME*	PHONE*
ADDRESS	CITY, STATE, ZIP CODE
BIRTH DATE	EMAIL ADDRESS
TYPE OF COMMENT/CHANGE (SELECT ONE):	WHICH ROUTE IS YOUR COMMENT ABOUT?
O General Service/Expansion/Change	\bigcirc Red
○ Compliment	○ Blue
○ Complaint	○ Green
	Orange
WHERE IS THE CHANGE REQUESTED?	O Purple
○ Street	
Intersection	
○ Stop	
Other	
DIFACE CREGIEV THE CHANGE LOCATION (HICE	SPECIFIC ADDRESS/LANDMARK/DESTINATION):
WHY IS THE CHANGE OR ADJUSTMENT NEEDED To increase ridership To improve safety To improve access for riders To expand the route To expand service hours Bus stop not needed Other PROVIDE YOUR RECOMMENDATION/ OTHER IN	O (PLEASE CHECK ALL THAT APPLY): IFORMATION THAT WILL HELP US RESOLVE OR RESPOND TO
YOUR REQUEST:	
HOW WOULD YOU DDEEED WE DESDOND TO Y	OUR REQUEST?