



The Town of Leland would like to hear from you!

First Name	Last Name
Address:	
Contact Phone Number:	
Are you a business or resident?	
Services you obtained from the Town? Which Town employee assisted you with the services?	
Were the services provided in a timely manner? Please also indicate what you expect as a time frame for such services.	
Please use a rating scale of 1-5 for the customer service received. (1 for poor and 5 for excellent) An explanation is valued.	
Additional comments and/or suggestions.	

Please submit this form to David Hollis, Town Manager via fax at 910.371.1073 or mail and/or drop off at the Leland Town Hall, 102 Town Hall Drive, Leland, NC 28451.