

Feedback form

Local Management Agreement for the (service) at (area)

Please tick one box below

- I am in favour of the proposed Local Management Agreement
- I am against the proposed Local Management Agreement
- I am neutral about the proposed Local Management Agreement

Please write any comments on the proposed change in the box below
(continue on the back of this form if you need more space)

Your name

Your address

Telephone

Email

Please return this form in the prepaid envelope by (date)