



Comment Form

BUSINESS NAME _____ LOCATION _____

EMPLOYEE NAME _____ DATE _____ TIME _____

Comments (please print): _____

Date: _____ Signature: _____

PLEASE PRINT:

Name: _____

Mailing Street or PO Box: _____ City: _____

State, Zip: _____ Email: _____

Sedona-Oak Creek Canyon Chamber of Commerce and the Sedona Main Street Program will copy all written comments and make every effort to forward them to the appropriate party or parties. We thank you for taking the time to complete this form.

Sedona-Oak Creek Canyon Chamber of Commerce
45 Sunset Dr., Sedona AZ 86336
PO Box 478 Sedona, AZ 86339
928-204-1123 Fax 928-204-1064
www.sedonashamber.com
info@sedonachamber.com

Sedona Main Street Program
450 Jordan Road, Suite B, Sedona, AZ 86336
PO Box 1363, Sedona AZ 86339
928-204-2390 Fax 928-204-2548
www.sedonamainstreet.com
info@sedonamainstreet.com



Dear Customer/Visitor/Merchant:

The Sedona-Oak Creek Canyon Chamber of Commerce and the Sedona Main Street Program are gathering information about the impact of street solicitation and/or handbill advertising. If you have an experience, concern and/or opinion about this, we would appreciate your input.

It is important that we have your name, address and phone number for information verification. Your comments and personal data will be confidential and used only for the purpose specified.

In your time spent in the Sedona were you aware of street solicitors and/or handbill advertising? Please check one: YES _____ (If yes, please complete below); NO _____

Date of encounter with solicitor: _____; Time (specific or approximate) _____;
Location (specific address or general area/landmark) _____;
Business Name _____; Employee Name _____;
General comments:

In your opinion, how did this affect your visit to Sedona? (Please print your comments):

Information will remain confidential and be used for purpose specified. **Please print:**

Your Name _____

Your complete mailing address _____

Your telephone number (_____) _____ Today's Date _____

OUR GOAL IS TO KEEP YOUR SEDONA EXPERIENCE A PLEASANT ONE !!

THANK YOU FOR YOUR TIME IN PLACING YOUR COMMENTS REGARDING THE
HANDBILL AND STREET SOLICITATION ISSUES. AGAIN, BE ASSURED THAT THIS
INFORMATION WILL REMAIN POSITIVELY CONFIDENTIAL.

Merchant - Please return completed form via mail or fax to Sedona Main Street Program
PO Box 1363, Sedona, AZ 86339; Fax to (928) 204-2548.