



McKenzie Towne

Facility Rental Feedback Form

Date of Booking: _____

Time of Booking: _____

Room Booked: _____

- | | | | | | |
|---|---|---|---|---|---|
| 1. Cleanliness of room booked | 1 | 2 | 3 | 4 | 5 |
| 2. Cleanliness of bathrooms | 1 | 2 | 3 | 4 | 5 |
| 3. Cleanliness of kitchen | 1 | 2 | 3 | 4 | 5 |
| 4. Friendliness of Staff working during your rental. | 1 | 2 | 3 | 4 | 5 |
| 5. Helpfulness of Staff working during your rental. | 1 | 2 | 3 | 4 | 5 |
| 6. Knowledge of Staff working during your rental. | 1 | 2 | 3 | 4 | 5 |
| 7. Would you recommend this facility for rental to friends and family?
If no, why not? _____ | | Y | | N | |

Additional Comments:

Please return to McKenzie Towne Council

Attention: Traci Handford, Facilities Coordinator. E-mail: rentals@mtcouncil.com or fax: 403-781-6612

Thank you for your feedback!