DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

AUTOMOTIVE MANAGEMENT DIVISION

CUSTOMER SERVICE FORM

SUGGESTIONS ☐ COMPLAINTS ☐ COMPLIMENTS ☐

(CHECK ONE)

☐ MOTOR POOL PROGRAM ☐ PARKING CONTROL PROGRAM

DESCRIBE POLICY, PROCEDURE, OR PERSON:

DESCRIBE PROBLEM, COMPLAINT OR COMPLIMENT:

SUGGESTION OR RECOMMENDATION:

(USE BACK OF FORM IF ADDITIONAL SPACE REQUIRED)

OPTIONAL: IF YOU WISH TO RECEIVE A RESPONSE

NAME: _____ PHONE / FAX: _____

TO REMAIN CONFIDENTIAL)

Please deposit in CUSTOMER SERVICE BOX located at 869-A Punchbowl Street, Vineyard Garage (Lot V), South Street Garage (Lot R), Makai Garage (Lot A), Kapolei (Lot KP).

MAIL: Automotive Management Division
P.O. Box 119 Honolulu, HI 96810

FAX: 586-0354
QUESTIONS ? CALL 586-0343