



Special Event Feedback Form

Event Name:
Event Date:
Hours in Attendance: to = hours

FEEDBACK: *(please comment if applicable)*

Was the set up done as agreed to by the Organizer? Yes No
Comments:

What was the impact around the site/route?
Comments:

Did the event start/end on time? Yes No
Comments:

Should any changes be made to the permit conditions? Yes No
Comments:

RECOMMENDATIONS:

Date Completed: _____ **Signature:** _____