

DREAMLAND VILLA SUGGESTION FORM

Date: _____

Suggestion (please be specific):

How do you suggest implementing, if known (i.e. getting funding, county involvement, sending letter, recruiting volunteers, etc.):

Are you a DVCC Member Yes _____ No _____

(Optional) Person to contact for more information/clarification:

(Optional) Phone number _____ - _____ - _____

Note: Contact name is not required, however if contact is given, then response can be made to that person directly. If contact name is not given, then suggestion MAY not be able to be considered due to lack of information/clarification.

DVCC Follow-up:

Date: _____ Person: _____

Action: _____

Date: _____ Person: _____

Action: _____

Date: _____ Person: _____

Action: _____

