Commissioner Marvin S. Arrington, Jr.

CONSTITUENT INTAKE FORM

DATE_____

FIRST NAME_____LAST NAME_____

CELL PHONE_____HOME_____

STREET ADDRESS_____

CITY_____STATE_____ZIP CODE_____

EMAIL ADDRESS_____

REASON FOR VISIT TODAY ☐ REQUEST ☐ CONCERN ☐ QUESTION ☐ OTHER

WHICH FULTON COUNTY DEPARTMENT DOES THIS PERTAIN TO: _____

DID YOU SPEAK WITH A FULTON COUNTY EMPLOYEE: ☐ YES ☐ NO

WHAT WAS THE EMPLOYEE'S NAME:_____

PLEASE PROVIDE A BRIEF DESCRIPTION FOR THE PURPOSE OF YOUR VISIT TODAY:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

WHAT IS THE BEST WAY TO CONTACT YOU: ☐ PHONE ☐ EMAIL ☐ MAIL

WHAT DOCUMENTATION DO YOU HAVE WITH YOU TODAY:

_____

_____

_____

_____